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ORIGINAL ARTICLES

PUBERTY—ITS BENEFITS AND DANGERS.*

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In dealing with this subject I do not speak of it in the light of a specialist who has to deal with the individual symptoms as they manifest themselves and have been referred to them as learned in that particular line of diseases; but I speak of it as it appears to me as a country practitioner, who must grasp every ailment flesh is heir to, and trace it to its special cause, deciding at once whether it is reflex or organic. In the limited time allotted to me I ought to touch only on the subject as it relates to the female alone, as in my judgment much could be written on this subject, gleaned from an experience of thirty years with the mothers and fathers who herald this period in the child's life as a turning stone that leads to a future of health and happiness or of sickness and misery. But our boys should be just as carefully guarded at this period of their lives as our girls, for it, too, for them moulds a life either for renown or failure. The laity speaks of puberty hardly ever in connection with the boys, but with the girls as the time when menstruation commences. If this can be started right, they fear very little so far as this period bears on the general make up of the child. If a child grows pale and lifeless, careless and indifferent, morose and really sick, they attribute it all to the age, and never look farther for a cause of the trouble, hoping nature, by and by, will right it all when manhood or womanhood dawns on life's horizon. Every day this condition confronts the general practitioner who sees these evidences of approaching diseases creeping on the organism of many of our brightest boys and girls and not a hand being lifted to help them commence the struggle up life's highway, by removing the obstacle to health and happiness.

To the physician, puberty means more than this to the human organism. It means a time of life when the whole landscape changes; when old ideas are laid aside and new ones are thrust into their lives; when the world looks different and it begins to dawn on them what their true aim in life is, and the past with the protection of father and mother must be laid aside and the responsibilities

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of life must rest on their shoulders; when a new set of nerves and muscles have been called into action, and the guiding of these shapes the whole future of their beings. 'Tis a trying time in life, and the more I study it, the more I am convinced that many a life is wrecked at this turn in the road that might have been saved by the timely aid of the family physician. I will not attempt to go into the development of the muscles, arteries, nerves and bony structure of the body. How they each take on new activity at this period, leaping, as it were, from childhood to manhood in a few months. How the voice, actions, thoughts and living are completely revolutionized, for these are observed by each of you, but I will try to point out some of the blessings puberty brings to the youth, as well as a few dangers that hang around this period.

Take a boy or girl born of healthy parents with surroundings good and comfortable who ought to grow on and on with each coming year, yet he stops the upward movement without any appreciable cause—*just stops*. Puberty steps in and offers a reason for it all. No steps are taken to arrest the downward tendency, still age tells the parent something must be done. Oftentimes it is too late, but this stage in life often shows that some disease is working its way, and the youth is at least given a chance to have this condition, whatever it may be, corrected. Fortunately for him this time has arrived, and its arrival is a blessing to him. It must be evident to all that this period seems either to develop any dormant organic trouble that may exist in the body, or it turns the green gawky boy or girl into a studious and interesting young man or woman.

There is no boy or girl who does not look forward with a great deal of pleasure to the day when childhood leaves its cloak at their feet and they step out into the new world of manhood and womanhood. That is what puberty means. Now with this bright idea before them, with all its hopes and expectations, without a word from anyone they form their own ideas of its approach and functions, and what must be their thoughts when they find their castles shattered and their expected functions never appear.

Do you think it means nothing to them should they find that they are different from others of the same age? Do you think deformity means nothing to them? But it does play an active part in all our neurotic diseases, and its effects on the nervous system are sure and lasting, oftentimes blighting the life of many a youngster. Some reflex phenomena are recognized by every occur in approaching womanhood, but we are blind to them when they physician, and circumcision is often resorted to before youth is past. Yet we so often look no further for the cause of reflex phenomena that are so much more positive and lasting than those which have their origin in the prepuce. This is to our discredit, for I have often seen patients taken to a specialist who easily traced the effect to the cause, and this corrected, our patient entered upon a new life. We might as well

discover an abnormal condition at the age of sixteen as at the age of twenty-five. Just think for a mo ment how positive are the remote symptoms should an injury be sustained to the testis in maturer years, then we should not wonder at the nervous impressions made by the changes nature makes and often are obstructed in the same organ during the early stages of puberty.

The reflexes of uterine disorders during womanhood are apparent, hidding behind the blind of modesty and virgin purity. In my mind, it is criminal neglect of the family physician. All organs are sacred to him and having control of the entire patient, he might as well neglect an approaching pneumonia as an incipient utrine or ovarian trouble.

Menstruation is a physiological act and should not be painful or produce any special influence on the general system. But what is to be done if its approach is heralded by pain, headache or violent convulsions? It then becomes pathological and should be looked into just as well as if it were any diseased con dition. Wait—wait—wait—is the cry that comes from mother and father, and often heartily sanctioned by physician. Wait till puberty places her stamp upon her young life, then if she is no better, we will ask you to do something. Often this waiting is the scar left, never to be erased during her whole life.

This is peculiar language to many of my city friends but it is a perfect portrayal of life as it presents itself to us as family physicians.

I accompanied a mother and daughter,—patients of mine,—to see one of the best practitioners in the West, (in my judgment), and after looking over the case, getting its history, etc., he frankly told us: "the case was out of his line; to go to Dr. So-and-so for advice." It is to obviate this dilemma that I offer this paper, and hope by it to try and show how we can avoid such awkward conditions as the above, yet save our patients from a future life of invalidism, often. The conditions that happen to our boys are many that throw a damper on their lives. But there is one condition new to me, yet I am sure often happens, I find, after looking the matter up. The following case will explain this better than anything else:

M. W.,—age 15. Father and mother healthy; brothers and sisters all healthy; this boy was bright in his school work, a model in his habits and quite a society lad. He graduated in the high school in his native city and stood second in his class; commenced his college career with colors bright. He was a club boy and every one predicted a bright future for him. But gradually he commenced to change without any cause whatever. He shunned, little by little, the companions of his early life both male and female. He gradually took less interest in his dress, and finally, remained in his room a great deal of his time. His parents attributed his altered condition to advancing years and hard study. Every one noticed his pallid looks and the decline in his health, yet his inability to sleep made him at last consult me for aid. I advised exercise and less study and the

usual tonics and remedies, all to no good, until his complete collapse made me lay aside reserve and attack the inner aspect of his life and thought and, winning his confidence, he told me the obstacle (under an oath of secrecy) that had worked on his mind so long that its influence had sapped the very foundation of his every object and aim in life. He dwelt long on his ambitions for the future, his hopes of success, his ideal of a home and a companion to share his wealth and honor with him when school days were over and his true position in society was accorded him, and all that goes to make life worth the living. When one day he found he was deficient in his generative organs, different from *all* his companions,—and with this knowledge before him his bright dreams vanished and with them the stimulus for action in any direction. Of course, I argued, gave every thing I could, yet the cause of it all was too evident to be denied. Well, to make a long story short, he left me, went home, consulted an eminent surgeon in one our northern cities who operated on him for a testicle that had been stopped in its descent into the scrotum, and the boy was under the impression that he had no testicles, and consequently could never know what a home meant. This testicle was brought down into its natural position, or at least, until it was visible, and the block to the wheel was removed and the road of life was opened anew. This man invited me not long ago to his wedding and asked me to come and see the transition from death, as he termed it, to life with all its charms and beauties.

Now this is no overdrawn picture, but it has taught me a valuable lesson, namely: to look more carefully into the inner lives of the boys around me, and whenever I see a decline in any direction in the growth of any one of them, I never let up until I find the cause and oftentimes save a bright boy from ruin. I will not worry you with the cases I have in mind illustrative of this expression, but give this one so pointed and plain to beg you to stop and think how the question so often asked might be answered by a neglect of attending to some of the irregularities of nature which manifest themselves in our youths about puberty. The query I refer to is: What becomes of so many of our bright and brilliant children?

This is no overdrawn picture; if you will reflect, you will remember how many bright boys, the pride, not only of their own families, but of the whole community in which they live, stop in their upward career and, without any cause, change into idle, indifferent and loafing boys. Often the summer-time of life is a failure to him, indeed. His physical defects, often known only to himself, at first cast only a shadow on his life, but deepens as his year advance and puberty, with all its hopes and aspirations, ends in disappointments, until at last a cloud hovers over him which he cannot lift or see through. Then comes the end, sad and full of remorse, a monument to the indifference of his physican and the ignorance of his parents. His very age ought to place us on our guard as to the cause of it all,

and oftentimes by demanding a thorough examination we discover it, whatever it may be, and by an operation often very simple, we change his life in toto, make a man out of him instead of an imbecile. His ailment may be simply neurotic, yet the results are just as positive as if the lesion were organic. I will not multiply cases in proof of the above condition, nor will I go into a long scientific analysis of the causes and effects of the abnormalities that happen to boys, but I must dwell on the effects that any one of them seems to have on their nervous system and through these upon the whole organism.

Now if this be true of our boys, what must puberty mean to our girls whose nervous system is doubly tuned to the music of brighter years, whose whole life seems to have but a single aim, and that is "to prepare herself for the position God in His infinite wisdom has prepared for her" to care for the hearths and homes of our land. Her pictures of the future are painted in far more brilliant colors than those of our boys. Her ideal of life must be a perfect one, and in early childhood her mimic of those of maturer years shows the tendency of her life,—she longs for the age of puberty. Yet she does not know why she dreams of a home of her own and in fancy paints it as none but herself can do. In fact the heart and soul of growing childhood is the criterion by which we judge the larger heart and soul of mature womanhood. Now what must be the feeling to a sensitive nature like hers to find in the very dawn of her new life, when she looks over the new horizon, a faulty mechanism in her being. When from the very center of her nervous system comes the grating of ill-proportioned organs. Do you wonder at the reflexes these pathological conditions produce? Yet we sit by, family advisers, and see disease get a stronger hold on our girls and never say why. "All due to puberty; nature will soon right this evil and give her health and happiness," we so often say.

I once heard a physician say that he had practiced medicine for forty years and in all that time he had never examined a girl's pelvic organs before she was married. I throw the mantle of charity over the life of that man, and, thank the Lord, his career as a physician is about over. He is wealthy and has retired. I make no comments when he censures me for saying: "I know no age when sickness confronts me."

I would be out of place to bring before you the vices of puberty and their many sequelae, and also the diseases brought about by carelessness and disobedience, but only such pathological conditions as often are found with no known cause, and which are consequently overlooked and their results are not heeded by either parent or physician. If menstruation is physiological, it should appear in due time with no special set of symptoms, then its absence or its appearance with much pain and constitutional disturbances is pathological and as such should be looked after as any other disturbance. I do not mean its irregularity at first, when the girl says she feels all right and her looks and

actions show that she does. I do not mean that her innate modesty and retired feelings should be ruthlessly broken down and our presence thrust upon her for any and every irregular condition; for there is no regular standard to guide us, as each case stands on its own particular condition. But I do say that neither age nor sex should stand between us and the duty we owe to those families whose physical welfare is entrusted to our keeping. We should advise our girls as to exercise at the proper time and of the proper kind, as to their schooling; every avenue of social life should be guarded and watched, and when puberty begins, our eyes often can see the changes for good or bad far better than parents who naturally are looking for some trouble then and pay no attention to the condition that might, if neglected, close the castle of health to her forever. These conditions are many, but I will report a few cases to bring out my meaning in the above language.

Miss K—A bright girl; father and mother both healthy; grew to the age of thirteen, hale and hearty,—a regular romp; at this age she began to menstruate and this was accompanied by a great deal of pain and lasted ten days,—just a light flow, the last six days painless. Her health began to fail her about the fourth month. This we attributed to the menorrhagia and we gave her such remedies as we saw best suited, —we tried everything for one year as neither she nor her parents would hear to an examination which I never pressed until the last month or two of the year. She consulted many physicians and used many remedies, patent and otherwise, but all to no purpose, until, nearly bed ridden, she consented to an examination. I found a partition half way along the vaginal tract cutting off the vagina proper from the uterus, with a very small aperture in it and the menstrual flow each month would fill up the posterior space and would take two weeks to seep through the small opening in the partition. Breaking this down remedied the evil and cured the girl.

Another girl passed through the agonies of the damned, waiting for age to correct the condition brought about by an imperforate hymen. 'Tis useless to relate her history as it is apparent to all of you what the symptoms would be. I was asked to see her by her family physician and we demanded an examination, found the evil, operated, and cured the girl.

No one can tell, no matter how learned he may be, by the locality of the pain, where the lesion is, for I have seen two of the worst cases of cystitis in girls whose urine showed no inflammatory condition in the bladder, yet the bladder was the only organ complained of. After months of suffering and after treatment by four or five physicians, when exhaustion compelled an examination, we found no bladder trouble, no utrine displacement, but all came from a rectal fissure.

I have here the report of many singular experiences in my thirty years work in this line, but will not weary you by their reading. All show the value of treating our girls as if they were human and not listening to the advice of parents

who tell us of so many cases just like their daughter who were relieved and grew healthy women by the kindly act of nature with the changes brought about during puberty.

Now do not misunderstand me. I respect the modesty of maidenhood, but I have no patience with the man who hides behind it when his duty demands action. An examination does not mean a vaginal examination, as I use that route as a dernier resort. There are few pelvic diseases that cannot be located through the rectum and it is by this opening that I depend in most of my diagnostic work.

I hope my hints, only thrown out from a multitude of facts, will explain my position, that is: The age of puberty is the age in the life of our boys and girls in which an ounce of preventative will do more than a pound of cure in later years.

SCIENCE OF MEDICINE A LOOTED PROFESSION.*

BY T. F. LOCKWOOD, M. D., BUTLER, MO.

This title may seem harsh, and possibly show traces of rudeness on my part in making such bold assertions, but should my remarks prove unworthy of consideration and without just cause, I am ready and willing to retract all out of place sayings and humbly beg pardon of my co-operative brethren for uttering same. It is not from selfish motives, or from a prejudicial standpoint that I impose on this learned assembly, a paper of this character, but from the standpoint of professional righteousness and integrity which are in much need of protection and must be fortified by willing recruits furnished from within our own ranks. This is my chief apology for this warranted attack.

Through long and persistent efforts of pharmaceutical manufacturers, they have purposely placed in the hands of physicians innumerable remedies which have inevitably monopolized for the manufacturers the entire drug industry. It is apparent, however, that such action on their part was prompted wholly by covetous dispositions to cover extensive territory for mercenary advantages. We no longer resort to pill-tile, pestle and mortar; we have long since forgotten the once frequent and fragrant odor of,

Horsemint, horehound, catnip tea,
Pennyroyal, tansy, bark from the tree,
Ginseng, gentian, butternut pills,
Bittersweet, dogwood, wahoo and squills.
Senega, butterfly and pleurisy weed,
Lobelia, ipecac and mustard seed,
Redroot, blackroot, bitter orange peel,
Rhubarb, calamus and Solomon's seal,
Lady slipper, sarsaparilla, dandelion,
Boneset, mandrake, hops from the vine,
And many others, easily set to rhyme.

While this may sound like a childish jingle to the arisotcratic physician of to-day, to the time-honored doctor of forty, or even thirty years ago, it sounds like music from a harp of gold played in memory of a praiseworthy profession of by-gone days, when nature was the laboratory and the doctor the apothecary. But time has changed all things. The old has given way to the new; we no longer rely on the slow process of making our own tinctures, or our own powders and our own pills. We are too hasty to undo the things that characterized the good Samaritan of long ago; we have for ever dismissed many of the good, oldtime remedies that marked in medical history epochs that should forever shine as triumphant stars in the heaven of medicine. The once brilliant minds, whose mental illuminations lighted the pathway of medicine for many years in advance,

*Read at the meeting of the Missouri State Medical Association, Excelsior Springs; May, 1905.

have become but flickering flames in the dim vision of a remote past. The extreme has reached a painful perplexity when we submissively allow the profession of pharmacy to gradually encroach upon our rights until the science of medicine has narrowly confined itself to a few stale tinctures and musty powders found in drugstores that are no longer ideal laboratories for loyal physicians, but dispensing bureaus for patent and proprietary preparations. A few years ago, before the arrival of medical aristocracy, the drug scope of the physician was unlimited. He had the whole materia medica and the great volume of the U. S. Pharmacopœia to select from. To-day, he has but few remedies he may call his own. The pharmacist, in his great zeal, has formulated all remedies and the doctor has nothing left to do but to correctly diagnose his case; the treatment is ready, having been prematurely prepared, only waiting an opportunity for the agent's (the doctor) administration. This apparent generosity on the part of pharmacists may seem worthy of much praise and public comment from the standpoint of a superficial observer, but when we come to realize that many proprietary preparations put on the market are labeled for the public and not the physician; many manufacturers of such products are sampling the public through the unmindful physician, who constantly act as advertising agent for such firms; many sample packages left in the hands of physicians for free distribution, have blank labels attached, bearing the title of drug and use of same, that the physician may write directions, signing his name, when it therefore becomes a written endorsement of the said drug therein contained. How often is the physician earnestly requested to prescribe proprietary medicine in original package to avoid substitution? If for instance you were to prescribe celerina, seng, or other preparations, in original package as directed by the manufacturers, how long would it be before the entire community would be going to the druggist for these same preparations? To induce physicians to prescribe in original bottles upon the pretense of avoiding substitution, is just the thing sought by manufacturers, not perhaps to deprive the doctor of a fee, but having in mind that numerous sales can be made to those who believe they are saving fifty cents or a dollar by buying medicine direct from the druggist. It cannot be that manufacturers have the welfare of ourselves and patients so much at heart, and that they believe their product far surpasses anything of its kind on the market, that they constantly appeal to the profession to use no other but their own, but a natural human desire for opulency prompts all such requests on physicians to advertise the products to patients, and they, subsequently, to friends and the public in general. In order that you may have a better knowledge of what I am desirous and much determined to have you understand, I shall quote a letter written by the celebrated Antikamnia Company, of St. Louis, to a layman, published in the Medical World.

St. Louis, U. S. A., Aug. 2, 1904.
Mr. Jones:—

We are pleased to inclose a sample of "Antikamnia Tablets" for Pain. A sample of something good is a good thing" to keep about the house or for convenience, in your pocket or purse.

Antikamnia tablets will relieve all headaches, muscular pains, neuralgia, la-grippe, insomnia and womens' aches and ills. The inclosed booklet tells when and how many, and druggists everywhere sell them in any quantity or in our regular "Vest-Pocket-Boxes" as below.

Sincerely yours,
Antikamnia Chemical Company,
Frank A. Ruff, Pres. and Treas.

This letter is one proof among many showing advantages taken by drug dealers in making a short-cut to the goal, beating the physician to the patient and public with their remedies, leaving the doctor to wait for dangerous complications to arise in the case that will not "down" for the laudable panacea.

A physician has but little left after discharging a patient, that will distinguish him as a resourceful and self-relying practitioner who can fully enjoy the spirit of professional dignity. He is no longer a health restorer, but a disease finder. He locates disease and applies another's remedy; and he that can name the greatest variety of ailments, and apply the greatest amount of manufactured balm, is one whom manufacturers are seeking; he who treats his patients with proprietary medicine in original package, will soon find his patrons buying medicine at the drug store, using the empty bottles as prescriptions and order for same. This is false economy for the patient, money for the manufacturer and a small percentage for the druggist. The two latter have made money and the doctor has not only lost a fee in this particular instance, but he has lost a fee for all similar ailments in that entire neighborhood. We are told that medicine has gradually advanced till it now occupies a proud position along with other great sciences. This is true in a measure only. Surgery and its varied belongings, and many revised methods of diagnosing disease, are responsible for all advancement in medicine. The microscope and x-ray have done much toward placing the science of medicine in the high position it now occupies. Much of this is done in an eager spirit to excel the past,and in so doing we have carelessly allowed the curative branch of the science to lag. The treatment of diseases has been left too much in the hands of druggists and drug manufacturers who have taken advantage of this neglected art of the healer and appropriated it to their own financial interest. You cannot enter a retail drug store without being confronted with showcase remedies for all ailments of frequent occurrence known to man. The very conditions that should furnish the doctor employment are the things sought by druggists. Corn salve and consumption cures are shown equal prominence in the same conspicuous manner in a modern drug store. Headache and dyspepsia tablets; cough and worm lozenges, pile and chill cures; diarrhoea and rheumatic remedies; eye water and toothache drops; hand lotion and skin remedies, and many other curealls, adorn the showcases

of all drug stores. But the greatest of all prepared remedies, one the druggist values very highly, is the "Big G." This is the greatest insult offered along the line of counter medication. Not satisfied with the spoils from treating three-fourths of all the ailments prevalent in the field of the physician, they must rob him of his special and specific work by prescribing a cheap cure for gonorrhœa, realizing a very small profit for himself and depriving the doctor of his profit. If the case should become serious, as many do under such treatment, proving too much for the druggist and his patent panacea, then the ill-treated and cozened physician is called to take charge of a badly managed, if not now an incurable malady, to assume the responsibility of the case which never fails to exonerate the druggist and cast the blame upon the physician for unfavorable results brought about from former treatment by inexperienced hands.

There was a time when physicians could obtain a few legitimate dollars by fitting trusses, but not so at present. Retail druggists have confiscated this financial privilege and doctors get nothing but strangulated and irreducible cases of hernia that present too much magnitude for the inexperienced druggist to undertake. Druggists are selling vaccine points with instructions how to use them and many of our patrons are doing their own vaccinating, and quite successfully too. Diphtheritic antitoxin is now put up in a common form with directions plain enough for the public to thoroughly understand, enabling any layman to treat diphtheria, which he will do as soon as manufacturers can convince him that he possesses ability to inject the serum with desired results. It remains a matter of short duration when doctors will only be needed to diagnose diphtheria, the druggist has the remedy and the public will do the rest. Is it any wonder that druggists are addressed as doctor? It is as common to hear a druggist called doctor, as it is to hear one preacher call another brother. And they proudly accept the title without a sign of remonstrance and respond as gracefully as if they were rightfully entitled to same. With matters thus, what is there left for the unfortunate physician, but the fragments of a looted profession? Are we not very much abused in our profession by those who claim to be concomitant in endeavoring to relieve suffering humanity? Surely we have not been too tyrannical in contending for our special rights, and I do not believe I have over-drawn the line in presenting this feature of my subject. Indeed, I have, since beginning this essay, in studying closely the essentials of counter prescribing, become more astonished that we have allowed such conditions to exist so long without showing at least a disposition of resentment and disapproval. We have never registered not even one protest, consequently we are, in a degree, responsible for our present predicament. We are dictating our own professional destiny when we favor a continuance of the present system of drug store therapy. I am not condemning proprietary medicines virtually, for I believe many of them

valuable products, but I do condemn the reckless and ruthless methods manufacturers have in establishing a sale for them. Every manufacturer of drug products should harmonize with physicians in establishing and maintaining a public benefaction. The credulous community look to him who promises the quickest and safest relief, no matter whether he be a doctor or a druggist. The age of enlightenment has dawned upon the laymen as well as the professional man, so much so however, that many have become proficient in diagnosing their own ailments, and the druggist is given the pleasant and profitable task of prescribing for same. Retail druggists have been caught in this common current and drifted so far at sea, that a return to shore seems a fruitless undertaking. If they were to dump all showcase cure-all remedies into the street it would be far better for them. Patrons would obtain prescriptions from physicians and the profit on a prescription would come to more than the little commission or margin from the sale of counter goods; besides it would show professional courtesy as well as reciprocating many extended favors. Druggists are not alone to be censured for this growing practice, as many physicians who have been pursuaded by proprietary manufacturers to prescribe in original form are equally guilty. It has become a custom with busy practitioners, to tell their patients to go to the drug store and purchase a bottle of Park Davis's Sodium Phosphate, or a box of Antiphlogistine, etc. This verbal prescribing is a dangerous procedure for the medical profession to indulge in as it puts these remedies into the hands of the public for future use and on a level with ordinary drug store patent medicines, causing it to become a common-place remedy in the minds of patients. Comp. acetanilid tablets, a very convenient form and a most valuable preparation in the hands of physicians, is no longer private property of the profession as every family knows what it is and what it is used for. For five cents any woman can buy a remedy at any time and at any place to cure her nervous headache and relieve it as nicely as if she had paid for a physician's prescription. Between the two customs practiced by physician and druggist we have a growing evil that will ultimately lead to professional disaster. There must be resistance offered somewhere along the course pursued by pharmaceutical manufacturers if we hope or expect to maintain a rightful share of our belongings and it is left to the general practitioner to call a halt, for the surgeon is too busy in his own interest to give much time and thought to therapeutical measures found in the medical department of our science.

Proprietary remedies on one hand and patent medicine, with its alluring advertisements in newspapers, on the other, are menacing the profession to an alarming degree. So much so that it is almost appalling to members of the profession who believe in following a legitimate and meritorious work. Such physicians as adhere strictly to conscientious scruples are taxed to their utmost to compete with such promiscuous

and extemporaneous prescribing for the sick. I believe that all disruption in the medical profession to-day is the result of too many fingers in the pudding clamoring for financial plums and desired supremacy.

The vocation of medicine has had honors as well as profits, divided with pharmaceutical manufacturers, lessening, in a marked degree, remunerative prospects for the physician. Seeing but little inducement to continue longer in general practice, I am frank to say, has caused many physicians to drift into specialism, taking refuge, as it were, in more secluded grounds, where mediating tactics of drug-makers have never yet been applied. True, however, patent medicine manufacturers have gone beyond the proprietary manufacturers in this respect, for there is not an ailment known to mankind that patent nostrums do not claim to cure.

I wish to offer a solution to this intricate problem of pharmaceutical heresy, and hope to be rewarded in the near future by seeing the system inaugurated. To restrain the nefarious custom of manufacturing chemists from flooding the community with their myriads of remedies, we cannot do it by keeping an office stock of drugs; this would compel the druggist to shove his counter goods harder in order to make his usual profit and in so doing, would supply the wants of more patients, keeping them from the physician. We cannot make a successful crusade by boycotting the drug stores, this could not bring about a favorable issue. We must reach the fountainhead in order to arrest the profusive flow. How may all this be accomplished? The medical profession should request manufacturers to remove from all containers of manufactured products everything except the title label, asking them to refrain from having the name of the drug, or of the firm, blown in bottle; to not use any peculiar or conspicuous shaped container, nothing but a plain packing bottle with a common label, as febrisol, or papine, etc., leaving off formula, medical properties, usages and dose. Label it the same as fld. ext. ergot and other common drugs. Also ask them not to publish in pamphlet such information as is now found in literature thrown broadcast over the land for the public to read, that manufacturers may profit thereby at the expense of the physician. If a drug is worthy of use it is also worth occupying its respective place in the materia medica or U. S. Dispensatory along with the great list of staple remedies found in such books. It is true such procedure would call for frequent editions of the Dispensatory, and as the expense of such revision would necessarily have to be born by those financially benefited this is the great difficulty to overcome. However, I believe the expense of such works would not exceed the enormous amount expended in printing the numerous pamphlets that are thrown into the physician's waste-basket daily. If we were to earnestly ask this concession, I truly believe it would be granted. If so, would mean a restoration of principle, privilege, patients and practice. Such reformation could not lessen

their financial income, as the public must have just so much medicine, no matter from whence it comes, and as physicians must draw supplies from drug headquarters it would ultimately reach the same financial end. If manufacturers were obstinate in granting this legitimate request then I believe the proper plan to pursue would be to petition legislature to take the matter in hands and force a final issue in behalf of human welfare and professional righteousness.

As this is merely a prelusive essay, I shall not dwell longer in this lonesome field but ask that this association and the profession in general to think well of these vital questions now confronting us that we may join in a civil crusade against outside prescribing for the sick, allowing the science of medicine to revert to its rightful possessors.

DISCUSSION.

Dr. W. G. Moore, St. Louis:—This is so thoroughly in accord with my views that I could not remain silent and not approve it. If more men possessed the independence of thought and of action of Dr. Lockwood we would have less occasion for such papers. The principal thing he has pointed out is a boomerang; there will be more women with red noses, bleary eyes and shaky nerves as a result of this drug store business, and worse than that. Take this paper on neurasthenia this morning. You will find many of the etiological factors in drug poisoning. The neuroses and psychoses—the nervous diseases—are largely the result of many people having a drug habit. There are no closer scrutinizers of the public weal than insurance companies and every insurance blank asks, "Are you in the habit of taking drugs of any kind?" What does that mean? It means that these men have made it a business to know how many deaths are caused by this drug habit. So far as the revenue to the general practitioner is concerned, it increases it. Give a woman a doctor's book and a thermometer and let her take nerve remedies awhile and she will be a patient as long as your conscience and her money hold out.

Dr. J. D. Brummall, Salisbury:—Owning an interest in a drug store I think there are some points I can bring out. This paper almost places patent medicines and proprietary medicines in one category. So far as the druggist is concerned they are entirely different. So far as the patent medicine is concerned the druggist is interested in selling it because the manufacturer grants the druggist a reasonable profit, but in the case of a proprietary remedy the profit is very limited and the druggist would much prefer the physician to prescribe the plain remedies or ordinary elixirs than to prescribe a proprietary remedy. There are men who after having been abroad want to publish themselves as knowing more than ordinary physicians and they will prescribe some special proprietary remedy that their druggist has that cannot be found anywhere else. It creates the impression that he is on to remedies that the ordinary physician knows nothing about.

URETER CATHETERISM AS A DIAGNOSTIC AND THERAPEUTIC MEASURE.*

BY ERNEST G. MARK, M. D., KANSAS CITY, MO.

For many years various methods for the segregation of the two urines have been suggested until at present, but two are worthy of consideration, the segregator and the ureteral catheter. From the standpoint of exact knowledge which must be the standard, the segregator is inexact for reasons which readily suggest themselves.

Given a pyuria in which kidney elements are found and in which it is desirable or imperative to determine the kidney at fault, the segregator may fail in imparting exact knowledge for several reasons, the most important of which are the following: (1) With the kidney infection there may be a cystic involvement trailing over to the opposite hemisphere which may confuse the investigator. (2) A bladder stone or new growth may prevent segregation of the ureteric areas with a consequent mixing of the two urines. (3) Trabeculation of the bladder and intravesical prostatic hypertrophy may prevent segregation.

That the segregator is easier of application than the ureteral catheter there can be no question but a lack of skill can not be urged as an excuse for an uncertain diagnosis. And, again, the knowledge obtained by segregation is extremely limited as compared with that imparted by the ureteral catheter.

The indications for and the purposes of ureter catheterism are so ably presented by Lewis* that I give them in toto. He divides them into those for diagnosis and for treatment.

"Diagnosis:—A. To locate the origin of pus, blood, tubercular products or bacilli, the various pyogenic infections, abnormally desquamated epithelium, etc., as to whether they come from (1) the bladder, (2) the right ureter, (3) the left ureter, (4) the right kidney, (5) the left kidney, (6) the right or the left perirenal space, and communicating with the corresponding kidney or ureter.

"B. To recognize and locate obstructive conditions in the right or left ureter from (1) stricture, (2) stone, (3) adjacent tumors, (4) bend or kink in the ureter from movable or dislocated kidney, (5) valvular junction of ureter and its pelvis.

"C. To determine (1) the presence of two kidneys, (2) if only one, which is absent.

"D. To determine the number of ureters present.

"E. To determine the functional activity of each kidney separately and relatively, with respect to its excretion of urea, albumen, quantity of urine, the specific gravity, etc.

"F. To determine the size and capacty of each kidney pelvis with respect to (1) hydronephrosis, (2) pyonephrosis, (3) total obliteration of kidney secreting tissue.

"G. If there be kidney disease present, to determine (1) if only one kidney is affected or both; (2) if only one, which is the affected one; (3) if both, which is the one more affected; (4) if removal of the worse one be advisable, is the other one

*Read before the Jackson County Medical Society, meeting of March 13, 1906.

*Ureter-Catheterism: Its purposes and Practicability. Bransford Lewis, *Annals of Surgery*, Jan., 1903.

able to carry on kidney function sufficiently? (5) if removal of one be advisable, and the other is capable of supporting life, will the operation remove the infection from the body, removing the possibility of dissemination or recontamination?

"Treatment:—A. To enlarge narrowings or stricture at (1) the ureter openings or (2) in the channel of the ureters. By facilitating drainage through the increased ureter caliber, thus obtained, to assist in the improvement of pyelitis or pyonephrosis, unilateral or bilateral.

"B. To irrigate and medicate (1) the ureters, (2) the kidney pelvis of one or both sides.

"C. To assist, by anesthetizing and enlarging the ureter opening, the passage through it of a calculus or a plug of pus, blood, etc.

"D. To use the ureter after it is catheterized, as a guide in certain abdominal and pelvic operations.

"E. By prolonged catheterization of a ureter to assist in the cure of a ureteral fistula."

The purposes of ureter catheterism, as outlined above, are so comprehensive in extent that it would consume too much time to consider each in detail. There are, however, some features in both the diagnosis and treatment that should receive fuller consideration.

The determination of the origin of a pyuria, hematuria, bacteriuria, etc., is of the utmost importance. While microscopy, catheterization of the freshly irrigated bladder and the three glass test give information of undoubted value, by means of which we may be able to state with a fair degree of certainty that the pathological focus is located in the kidneys or ureters, bladder, prostate or vesicles, the question of which kidney or ureter is affected or whether we are dealing with unilateral or bilateral disease of the upper urinary tract, must remain in doubt in the absence of further investigation. Observation, via the cystoscope, of the ureteral orifices and the urine as it flows therefrom, is of value but even in the hands of the trained observer is far from absolute, and in the final analysis we must turn to ureteral catheterization.

If, as a result of such investigation, a definite diagnosis of kidney disease is made and this disease is of such character as to necessitate operative interference, the question of the functional activity of the two kidneys arises as a natural sequence. The examination of the catheterized urine will reveal whether the disease is unilateral or bilateral. If unilateral, operation may be undertaken without further urinary investigation *provided* the examination of the urine drained from the opposite kidney reveals no abnormality. Should the examination of the urine from the supposedly healthy kidney show a departure from the normal in its excretory ability or in its microscopical elements, or should the disease under consideration prove to be bilateral, further investigation is imperative as an adjunct to catheterization of the ureters. By such further investigation the writer has reference to cryoscopy and the injection of methylene blue, indigo-carmine and phloridzin. After a survey of the literature relative to these procedures, the phloridzin test seems to the writer to be most depended upon and, in the few instances in which he has employed it, has proven satisfactory.

Where nephrectomy, or other surgical procedure which will directly inhibit the working power of the kidney operated upon, is contemplated, a knowledge of the functionating capacity of the opposite kidney is absolutely essential and an operation undertaken without this knowledge is criminal in the light of

the statistics relating to this branch of surgery. In De Jong's statistics of 187 nephrectomies, there occurred 81 deaths,2 of which were due to absence of the other kidney and 9 of which were the result of disease of the opposite kidney which rendered it incapable of proper function. In this series, then, 13.5 per cent. of the deaths were due to insufficient examination, not a very flattering commentary on our boasted surgical exactitude.

In kidney and ureteral stone, ureter catheterism has positive diagnostic value but, unfortunately, under certain conditions a negative finding may not be absolute. An intelligent interpretation of the urinalysis, both chemical and microscopical, of the catheterized urines will give information of value. In addition to this analysis and in conjunction with ureter catheterism, there are three procedures which are deserving of consideration, Bierhoff's test, the phonendoscope attached to a metal-cored ureteral catheter and the use of wax-tipped catheters advocated by Kelly. The latter procedure is not applicable in the male. Of the three methods, the telephonic principle has most to recommend it though none of these methods is infallible.

The employment of ureter catheterism for therapeutic purposes requires no further comment. It holds an assured position in the treatment of some forms of kidney and ureteral disease and the results from such treatment have done much to popularize this branch of urology.

As illustrative of some of these conditions,the writer begs to present the reports of a few cases. These will be divided into those in which ureter catheterism was done for diagnostic purposes and into those in which catheterization was a therapeutic measure.

Case 1:—Miss O., aged 24; referred by Dr. Johnson.

When first seen by me the patient was suffering from pollakiuria, urine occasionally blood-stained. There was some pain referred to the left renal region. Temperature about 101. After a few days preliminary treatment, cystoscopy was done. The left ureteral orifice was congested as was the mucosa in the neighborhood. Ureter catheterism obtained a purulent urine from the left kidney which, when examined microscopically, revealed tubercle bacilli. The diagnosis of left renal tuberculosis was made and nephrectomy advised.

Case 2:—Mr. K., aged 37 years, presented himself with a history of vague renal pain extending back over a period of five years. He had noticed a cloudiness in his urine which had become marked within the past year. Had been noticeably losing weight and strength for about the same length of time.

For about a month previous to his coming into my hands he had had marked renal pain on the right side; practically none on the left. Cystoscopy showed a low grade cystitis. Ureter catheterism gave badly purulent urine from both sides but more marked on the left. A later catherization under the phloridzin test showed the painful right kidney to be the one which was carrying on the eliminative work. Right kidney: .35 per cent., left kidney: .12 per cent.

The case drifted into the hands of another surgeon who performed right nephrotomy followed immediately by nephrectomy. The patient died of uremia.

Case 3:—Mr. H.; referred by Dr. Gray.

This case was especially interesting. He had had several attacks of kidney pain extending back over a period of ten years. He had been operated on for aneurysm, for adhesions following this operation and

for floating kidney, the last operation in 1904.

At the time of my examination he had a pronounced pyuria. There was a feeling of tension in the left renal region. He was large and well nourished.

Cystoscopy revealed quite an area of congestion surrounding the left ureteral orifice but no cystitis generalis. The right ureteral orifice was free from any signs of disease.

The ureters were catheterized and the introduction of the catheter into the left pelvis was followed almost immediately by a flow of purulent urine. This flow was a steady drop, drop, drop, and there was a complete absence of the characteristic ureteral spurt.

The drainage from the right kidney was normal and while the apparently healthy right kidney discharged one and a half ounces of clear urine, the drainage from the left amounted to nearly nine ounces of very cloudy urine.

Based on this drainage a diagnosis of left hydro-pyonephrosis was made and a temporary relief from the feeling of tension predicted. For thirty-six hours following the catheterization the patient was free from pain, when the tension recurred.

Dr. Frank Hall reported the right urine normal and that the left urine was purulent and contained tubercle bacilli.

Based on these findings, left nephrectomy was advised and performed by Dr. Gray at St. Margaret's Hospital, when a hydro-pyonephrotic kidney, containing what appeared to be a primary calculus, about the size of a filbert, was removed.

Case 4:—Mrs. H.; referred by Dr. Binnie.

This case had been operated upon about two years previously for what the patient described as an abscess of the right kidney. At the time of my examination there was a fistula in the right loin which was discharging pus. There was pollakiuria and dysuria with a purulent urine.

Cystoscopy revealed a mass of apparently tubercular vegetations surrounding and covering the right ureteral orifice. Careful observation failed to reveal even a slight trickle of urine from this side and it was impossible to pass a catheter through these vegetations into the ureter. Catheterization of the left ureter gave a slightly blood-stained urine, the microscopical examination of which revealed nothing pathological beyond the blood.

The hematuria suggested the possibility of stone and as there had been some renal ache on that side, an x-ray photograph was taken which failed to reveal any shadow.

Operation on the right side brought to light a perinephric abscess and after this was emptied, a small fluctuating kidney was found. Incision into this and subsequent examination by Dr. Hall disclosed the fact that the entire kidney was but a mass of cheesy, tubercular material.

Some days subsequent to operation, the pain in the right kidney became very intense and Dr. Binnie performed exploratory nephrotomy. Excepting for considerable congestion, nothing pathological was found. The nephrotomy was followed by relief from pain.

Case 5:—Mrs. E., aged 35 years; seen with Dr. Pearse. There was a history of occasional hematuria of ten years duration, becoming more marked with each attack. When Dr. Pearse telephoned me she was having a profuse hematuria which had lasted for some weeks. An engagement was made for the following morning and when I reached the hospital the hematuria had ceased and the urine was macroscopically clear. Ureter catheterism was done and a double nephritis reported by the pathologist.

The apparently causeless, symptomless, profuse hematuria was almost pathognomonic of vesical tumor yet cystoscopy showed the bladder to be normal.

Case 6:—Mr. J.; referred by Dr. Ayres. In this case there was a recurrent trigonal cystitis, dating back to an old gonorrhea. The recurrence of these attacks was hard to explain and during an interval cystoscopy, I noted a slight congestion of the right ureteral orifice. Catheterization demonstrated a right pyelitis and a series of irrigations to the right pelvis was instituted, with a permanent cure as a result.

Cases 7 to 19 are of much the same character as case 6. All were pyelitides, three of which were bilateral. In this series there were nine males and four females. One of the latter cases had as an etiological factor strictures of both ureters and these strictures were dilated. The treatment, as a rule, was carried on twice weekly, never oftener, and the solutions used varied from 1-10,000 to 1-100 silver nitrate. Other silver salts were used without much apparent benefit except in one case where protargol was used throughout. The number of treatments varied from five to twenty-two and a cure was secured in all cases. At present I have one such case under treatment and the patient has received seven treatments with marked improvement.

The preceding cases seem to indicate the value of ureter catheterism from a diagnostic and therapeutic standpoint. While a refinement of diagnosis, its value is actual and not fanciful and there should be no hesitancy in urging its employment. The objections of danger of infection and traumatism which have been urged against the procedure, originate from those who have had little or no experience in the use of the ureteral catheter. Casper, Albarran, Kuemmell, Kolischer, Schmidt, Laudon, Ayres and Bremmerman are unanimous in the opinion that such dangers are purely imaginary.

The bugbear of the surgeon in ureter catheterism has been the reputed difficulty of its employment. As in all procedures where special instruments are required, it is necessary to become accustomed to their use, but this should be no argument against their employment.

While there are difficulties attendant upon catheterization of the ureters, these difficulties may be reduced to a minimum by the proper selection of instruments and care in the technique.

The instrument to be selected must be that best suited to the case, and in the majority of instances, the direct view instrument is in every way preferable. The reasons for such a view are admirably presented by Kolischer and Schmidt in the *Jour. A. M. A.*, June 4, 1904. The tension consequent on the lowering of the ocular end of the cystoscope is much less in the direct view instrument and the distance between the ureteral meatus and the bladder end of the catheter-tube is proportionately less. In some instances, where there is much swelling in the neighborhood of the ureteral orifices, which are, as a consequence, slightly infolded in this swelling, the different angle given to the catheter by the indirect view cystoscopes, is a decided advantage.

The personal preference of the writer is for the air-dilating cystoscope of Lewis. The absence of a lens system obviates the use of a fluid medium in the bladder with its disadvantages.

Perfect anesthesia of the posterior urethra and trigonum is essential in order to prevent the spasmodic contractions of the bladder which make accurate intravesical manipulations well-nigh impossible.

The position best suited for ureter catheterism is a modified Trendelenburg. This allows the abdominal contents to gravitate away from the bladder, lifts up the trigonal area and allows accumulating urine to flow away from the ureteral orifices.

When the cystoscope is inserted the catheters are kept sheathed until the ureteral orifices are located. When difficulty in locating the ureter openings is encountered, the inter-ureteric ligament is an excellent landmark.

Having located one ureter mouth, the corresponding catheter is inserted and pushed with a fair degree of rapidity up into the ureter as far as is desired, the distance depending upon the requirements of the case. For the definite location of ureteral obstruction due to stone, stricture, etc., or for measuring ureteral length, the zebra catheters, graduated in centimeters, are admirable.

The catheters having been inserted, the cystoscope is withdrawn, leaving the catheters in situ to drain as long a time as is essential. While withdrawing the catheters, instillation of a 20 per cent. solution of argyrol is operative against infection.

In summarizing, it may be said that: (1) Ureter catheterism is an essential in the differential diagnosis of disease of the upper urinary tract. (2) Ureter catheterism is a *sine qua non* in the determination of the relative functionating activity of the two kidneys preliminary to renal operations. (3) In the treatment of certain pathological conditions of the kidney pelvis and ureter, ureter catheterism is invaluable. (4) In skilled hands and under proper precautions, the use of the ureteral catheter is devoid of danger to the patient.

THE DIAGNOSIS OF CONDITIONS CALLING FOR NEPHROTOMY AND NEPHRECTOMY.*

BY JACOB BLOCK, M. D., KANSAS CITY, MO.

Primarily the choice of these procedures depends upon accuracy ot diagnosis. Modern surgery, however, in contemplating the application of the latter calls for more than this. It demands a means by which we can approximately, at least, determine the functional capacity of the organ which is to remain. Common sense suggests a reasonable knowledge of the patient, as well as his malady.

The few minutes allotted for the discussion of this division of the subject will but suffice for its most cursory review. One distinguished authority, in a most up to date contribution, devotes nearly 600 pages to a consideration of the exploration of the renal function alone. Brevity, in the face of such prolixity means an insuperable task.

The most common conditions calling for nephrotomy are calculus, its simulant, hæmoturic, nephralgic, septic or uninfected retentions in hydronephrosis, of whatever origin, and occasionally pyelitis, pyelonephritis and pyonephrosis, anuria or oliguria—dependent either upon stone or acute nephritis—imperatively demands its adoption. To crown the glory of its achievements, drainage of the so-called surgical kidney or mulitiple abscess, by the surgeon's knife has proved successful.

Neoplasms, tuberculosis, occasionally stone, where the kidney is reduced to a mere semblance of secretory tissue, either because of a complicating pyonephrosis or hydronephrosis, or perhaps to a residual lipomatous mass—an accompanying interstitial nephritis having determined its atrophy—pyonephrosis and hopeless renal fistulae where the etiologic factor proves irremediable, in all these nephrectomy is legitimately indicated.

As an appropriate compromise measure between these extremes of nephrotomy and nephrectomy, nephrostomy or resection are not infrequently acceptable substitutes. Without specifically reviewing the conditions calling for these intermediate procedures—but with which you are no doubt familiar—suffice it to say that a polar tuberculosis is curable by resection for the reason that corroded specimens have conclusively demonstrated an independent circulatory apparatus in this region.

Renal crises, as evidenced by an agonizing lumbo-inguino-scrotal pain, reflex vomiting with or without macroscopic urinary bleedings, are often alike common to stone, its

*Being part of a symposium on Renal Surgery at a meeting of the Jackson County Medical Society held March 13, 1906.

simulant the so-called hemorrhagic colic, and even occasionally tuberculosis or tumor to say nothing of a reno-vesicular paroxysm due to tabes; in the latter, however, be it understood, without hemorrhage.

Much more obscure and difficult of detection are those not infrequent instances of a renal host—so modestly harboring a guest that his presence is never announced by a paroxysm—suspicion being directed to the abdominal or pelvic viscera or remote nerve tracts by the most remarkable reflex vagaries.

A simple means usually, indeed practically always, suffices to detect the cunning stowaway. The constant presence of a few erythrocytes or their shadows and especially in the evening urine, leaves little room for doubt. When paroxysms of haemorrhagic neuralgia are so frequent as to be practically continuous, this diagnostic feature fails. Such instances are rare. Ordinarily, however, microscopic blood is only visible immediately following the paroxysm. In stone it is always present. A papillary tuberculosis may also mean continuous bleeding, but there are associated phenomena differentially suggestive; nor should we ignore the value of history, physical examination, radiography, ureteral soundings, etc., but being fully aware of the limitations of the latter, the miscroscope is still the indispensable and indisputable means to an end.

Renal tuberculosis—primary in its relation to the uro-genital tract—has been recognized. Early detection, therefore, is not inconsequential. The disease is positively curable by surgery. Bacilli, when the disease is limited to the kidney, are rarely present in the urine. Tuberculin reactions, culture or animal injection methods are not always available nor infallible. If the disease is situated upon a papilla, bleeding may be continuous; otherwise it is slight and infrequent; albuminuria slight and casts not common. Urinary frequency, dependent upon vesical irradiation, usually directs attention to the bladder instead of the kidney. Further along, we may detect a renal tumor which does not move with respiration. It is always fixed by perinephritic adhesions. The ureter becomes thickened, shortened and retracted and may be palpated per rectum or vagina. Cystoscopy reveals a pathognomic funnel-like retraction corresponding with the change. Vesperal temperatures, sweats, history of antecedents and a survey for the presence of strumous cicatrices or apical defects may aid in the diagnosis.

Neoplasms, benign or malignant, are not always subject to the customary restrictions of age limit, nor are they always palpable, even when advanced in point of time should their development happen to proceed towards the diaphragmatic vault. Nor are they always painful,—indeed, the reverse is usually true unless clotting causes renal colic during the bleedings. The clots when carefully studied, however, are pregnant with meaning. In the absence of cystoscopy, to exclude the bladder as a source of haemorrhage, we generally note that whether mixed intimately with the

urine, or clotted into vermicular moulds of the ureter, these haemorrhages are at first intermittent and unprovoked, the intervals of freedom from bleeding gradually becoming shorter until finally the heamorrhage may become practically continuous. Later, they not infrequently cease, owing to an occlusion of the ureter. An acute varicocele may appear. Inferentially, circulatory disturbances in the spermatic vessels are the most reasonable cause of this phenomenon. Metastases are common and should be diligently sought for. Indeed, the secondary growths are sometimes the only source of solicitude, the patient seeking counsel for the latter either ignorant of or indifferent to the primary trouble.

Haemorrhages due to vesical neoplasms, besides being detectable by cystoscopy or palpation, are distinguishable by the long interval between the first and the succeeding haemorrhage. This is a pathognomonic feature, and as in the renal form, these intervals growing shorter and shorter the bleedings finally become continuous, though they practically never cease when this occurs. Again, not infrequently the latter portion of the urinary stream is the more bloody, the bladder muscle in its contractions compressing the tumor like a sponge.

In pyelitis, pyelonephritis, nontuberculous pyonephrosis and surgical kidney, besides the urinary, physical and miscroscopic findings and the customary visual, palpable and percussive physical signs, we are in possession of unmistakable etiologic factors indicative of either an ascending infectious process in continuity or by a haemic route, equally if not more serious than the former in its results.

I am quite sure none underestimate either the scope or importance of this subject. The want of time is offered as an apology, not a pretext for permitting its treatment to be thus abridged. It would exact at least an evening's study if considered seriously. The few though important data submitted will furnish an initial working basis however, which has served me faithfully in my observations of all the conditions mentioned.

Essential as is the diagnosis, it is but half the problem. When the indications point to nephrectomy as the only surgical resource, aside from the patient's general condition, that of his lungs, heart, etc., commanding the serious attention of every prudent surgeon, the paramount question is always, what of the other kidney. The spectre of an absent or incompetent organ will not down. A risk is even incurred that an unfortunate reflex may denote the healthy organ as being diseased. This is notably true in calculus anuria.

The older surgeon, obliged to content himself with a speculative solution of the problem, preciser methods being unknown or in embryo, would select the trans-peritoneal route in order to determine the presence and condition of the fellow emunctory, or fearing this then heroic measure, approach the supposedly healthy organ extraperitoneally with a similar object in view.

Apart from the extra hazard attendant upon these preliminary procedures, then the vogue, they were generally inadequate to estimate the competency of the organ permitted to remain, even though its presence was demonstrated.

Recalling that some 600 pages have recently been devoted to the exhaustive treatment of methods calculated to measure the functional capacity of the kidneys, it goes without saying that the limited time remaining at our disposal will only permit the presentation of a nebulous synopsis about which to gather the substance either at the clinic or in your study when you have the leisure.

Basing his theories upon the discovery of the eminent French physicist, Raoult—that the freezing point of all liquids bears an exact relationship to the solids they hold in solution,—Koranyi conceived the idea that the molecular concentration of both the blood and the urine could be determined by ascertaining their respective freezing points. For the normal blood, it was found that it varied from —0.55 to —0.57 centigrade; for the urine from —0.9 to —2.3. The more concentrated either of these fluids, the lower the freezing point and vice versa. Whenever effete material accumulates in the blood owing to deficiencies in the kidney secreting substance, its increased molecular concentration is revealed by the lowering of its freezing point and inversely by a raising of the point of congelation for the urine.

Though this is seemingly true, it soon became apparent that other pathologic conditions might and did vitiate these deductions; notably so in the various anaemias and cardiac involvments, especially when the latter were associated with dropsies. Nevertheless Kuemmel, of Hamburg, relies almost exclusively upon cryoscopy of the blood alone to settle the question of renal sufficiency. Consulting his recent contribution to the last International Surgical Congress, I find that if the freezing point falls to —0.60 he refrains from operation. Dependent upon this method in the presence of his great success in nephrectomy, he is inclined to invest cryscopy with the qualities of an oracle.

Caspar availing himself of the discovery of Von Mering that the ingestion of phloridzin,—a glucoside originally found in the root of the apple tree by Konink—provoked a glycosuria, applied this principal to elaborate a method for the estimation of the renal functional capacity. Subcutaneously injecting this substance—usually from 5 to 20 centigrams,—he found that a healthy kidney or kidneys begin to secrete sugar in about thirty minutes. He also determined the quantity of sugar eliminated and the time when this secretion ceased, including what he supposed to be normal variations. Its employment means ureteral catheterization, chemical analysis of the separated urines, etc., and above all, a collection of the separated excretions, extending over a considerable length of time. When one side failed to show sugar, or if it was relatively tardy in putting in an appearance or much diminished in quantity, that kidney was assumed

to be incompetent. Unfortunately, other observers disclosed fallacies detracting from the value of the process.

Other drugs and chemicals directly eliminated by the kidneys have been selected to perform a similar service. Thus the aniline dyes such as methylene blue, rosanilin, indigo carmine, etc., have been extensively employed. Drugs, among which notably potassium iodide and sodium salicylate have conspicuously figured, have had their advocates and partisans.

Studies with methylene blue have been very thorough and exhaustive, whether in the conjoined or separate excretions, revealing very positively among other things, that sclerosed organs eliminate poorly; whereas the contrary obtains when the epithelia are diseased. The debut of the colored urine, the duration and regularity of its excretion, the intensity of color as measured by a colorimeter have all been utilized to determine the renal functional cappacity. Adverse criticism by a competent authority exposes some of its deficiencies.

To establish a uro-toxic co-efficient for settling the vexed question of renal sufficiency, animals were injected both with normal urines and those in which the excrementitious substances were diminished in consequence of disease. The greater the percentage of effete materials, the more toxic the urine. The larger the animal the greater the lethal dose. The dose for a given urine per kilo of animal, gave the desired result or toxic co-efficient. This method, though scientific, is open to objections, not the least of which is the difficulty of its application.

Albarran expresses great confidence in the color methods, cryoscopy, etc., when applied to the separated urines, but regards them as of little moment when the information is secured from the mixed urine. In this he seems well sustained from the fact that a diseased organ may often surpass a healthy one in function owing to compensatory hypertrophy. It is found too that catheterization must extend over a considerable period of time, say two or three hours, since it appears that the variations during shorter intervals are so great that calculations based upon either urinalysis, gravity or color methods suffer too much in the aggregate to make them reliable. Per contra, Kapsammer has shown that the mere presence of the ureteral catheter provokes a polyuria. My experience in this particular, though limited, inclines me to corroborate him.

One important feature of simultaneous bilateral catheterization worthy of remark is the fact that while the healthy kidney presents considerable variation in quantity and density of secretion during short periods of observation, elimination proceeds rather more regularly and uniformly on the diseased side.

A chromocystoscopic method, rather easy of application, has met with some favor in the European clinics. An intra-muscular injection of a 4-10 per cent. suspension of indigo carmine in a normal saline solution is made. The time of its appearance in the ureteral jet, the intensity of the color of the urine as

it issues, the size of the stream, the extent and character of its projections and the duration of the color are all noted. By comparison of these items on the two sides, much valuable information is secured. Preliminary study on healthy kidneys soon qualifies the observer to make valid deductions. My own limited experience with the method inclines me to the belief that it has a promising future. It is especially attractive because of its simplicity. Indigo carmine is not eliminated in solution but in suspension, and as has been shown exclusively by the tubular epithelium below the glomeruli. This elective peculiarity is an additional recommendation and corresponds with the Haidenhain theory of urinary excretion.

We will now briefly devote a few moments to a consideration of the recognized limitations of these methods. Attempting to derive our information from the separated urines, we are sometimes estopped from the attempt by intolerant bladders and displaced ureteral orifices. Nor will anesthesia avail because of its well known inhibitory influence upon the kidney function. Where bleeding is excessive despite our irrigating cystoscopes the work is practically impossible.

Let us suppose another instance where we can resort to an exploration of the functional capacity, even with facility. Take a case of renal tuberculosis where, in consequence of the work thrown upon the opposite kidney, to provide for the necessary elimination, we find its urine loaded with albumin and diminished in gravity, and applying the color and other tests, functionally deficient. It is an organ showing a tox-albuminuria. Accepting these findings as conclusive, we naturally would refrain from surgical interference. Experience, however, shows that a removal of the affected organ will promptly result in a disappearance of the albuminuria, restoring the seemingly affected orgon after it has endured the onus of eliminating the accumulated septic materials incident to tuberculosis.

Notwithstanding these limitations we must, in a spirit of progress, appeal to everything that scientifically furnishes a means to an end stopping at nothing, and even then we will find ourselves often sadly deficient, plainly showing that we require all these things and—to put it in the common, slang, Western way—"then some."

THE TECHNIQUE OF AMPUTATION OF THE BREAST.*

BY H. C. CROWELL, M. D., KANSAS CITY, MO.

A consideration of this subject in order to be intelligent, comprehensive, and not empirical, necessitates a comtemplation first of the nature of the lesion before we can know the character or extent of the operation. While we recognize that 83 per cent of all tumors of the breast are carcinomatous and are only to be treated surgically, we have yet left 17 per cent, also surgical tumors and yet they do not demand the same radical measures which, when possible, are to be avoided, therefore, the technique of each class will depend upon the diagnosis, which, in a limited degree, must be here entertained. Given a case of tumor of the breast then, the first thing to determine is, whether it is carcinoma or a sarcoma, or some form of adenoma. If the latter, sarcoma adenoma, or adeno-fibroma, then simple excision, without entering the axilla for the removal of the lymphatic glands, sufficies, bearing in mind to remove enough of the over-laying skin, especially if a sarcoma.

I believe I speak advisedly when I say that errors in diagnosis have been made by men of experience, pronouncing an adenofibroma to be a beginning carcinoma. We will not stop here to argue the case whether an adenofibroma may not become malignant but pass at once to our text, the technique to be observed in case of doubt or uncertainty.

Having such a case, we should summon the pathologist to our side, with his freezing microtome, there to quickly determine the nature of the tumor from a section readily obtained from the growth.

If it proves to be an adenofibroma, the breast can be largely preserved and a serious operation averted and the patient left in an equally safe condition so far as after consequences are concerned.

Further than this adversion, the technique is simply that of clear surgery. Should the growth prove to be malignant all knives or instruments used should be discarded for clean ones.

The differentiation of carcinoma from sarcoma is often difficult in their inception but, in general, sarcoma occurs at an earlier age than carcinoma, is more mobile upon the chest wall, without glandular involvment or retraction of nipple, grows more rapidly, is more nodular, and frequently discharges from the nipple, in this latter particular some what, resembling Paget's disease. Paget's disease however seldom occurs in early life as does sarcoma, but between 40 and 60 years of age.

Carcinoma of the breast also occurs at a later period in life than sarcoma, usually, between 35 and 50 years of age, and universally in-

*Read before the Jackson County Medical Society, meeting of March 13, 1906.

volves the adjacent lymphatic structures especially the glands of the axilla, perceptibly or otherwise, requiring that surgical measures instituted for relief shall contemplate the most thorough ablation of all axillary glands and possibly the subclavicular often involved in these cases. While Halstead recommends thorough removal of the subclavian glands it is seldom as thoroughly done by the average surgeon as he suggests.

The mediastinal lymphatics do not admit of removal and yet may be the seat of recurrences.

Recognizing the frequent involvement of the lymphatics between the pectoralis major and minor and the retropectoral fascia, prompted Halstead to inaugurate the operation now known by his name, which is the *sine qua non* for completeness. Not only does he remove the pectoral muscles fascia and axillary glands but all fat and the fascia including the sheath of the axillary vein by the use of a very sharp knife in contra-distinction to some who advise dull dissection or no knife.

In doing this refined dissection it is desirable to avoid injury to the nerves there encountered especially the long thoracic and long subscapular. The haemostacis to be observed has in the writer's opinion been overestimated and valuable time consumed in making unnecessary ligations when the extirpation has been completed then any bleeding points should be ligated for fear of subsequent oozing or a dangerous haemorrhage. After the operation is completed a stab drain should be inserted in the posterior fold of the axilla.

With our present knowledge of the nature of carcinoma and its mode of invasion we are prepared to class any operation, short of complete ablation of lymphatics possible of involvement as not only unsurgical but as positively harmful, acting in no way to lessen the gravity of the malady but to hasten an already too early demise. It is hardly necessary in a paper dealing with the technique to advert to the neèd of determining whether any operation shall be done as we are doing and without raising that question.

The older technique and that of but a few years since,and indeed that employed by some yet, consisted in cutting freely down to the pectoral aponerosis, dissecting the gland off from below upward, severing the mass with its blood supply last at the axilla, thus exposing a large uncovered area to be protected by artificial means from infection and cold and also constituting a bloody operation, while, by a reversion of the procedure, or Kochers method beginning in the axilla, ligating the blood supply early, a bloodless operation is secured and the breast, being allowed to remain until the axilla is completely cleaned, the otherwise exposed area is protected by a thick layer of fat not prone to cool as gauze pads must, adding to the inevitable shock. Many modifications in the construction of a flap for covering the exposed surface have been suggested, some of which seem to be eminently satisfactory for the reason that they obviate skin graft-

ing in a certain per cent of cases, covering as they do, with comparatively little tension, the denuded area. Such flaps in order to be serviceable must be free from carcinomatous involvement as in carcinoma encuiras.

Another advantage which these flap operations present, especially that devised by Dr. Jackson, is the effect of covering in, fully, the axillary space without scar tissue, which may contract and thus exercise undue pressure upon the veins with resulting edema of the arm and hand.

In order to obviate some of the ill effects obtaining after these extensive operations, such as loss of function, inability to carry the hand to the head, or a too firm and close union effecting the circulation, Ferguson has recommended the extension of the arm by fastening it to the bedstead there to be held until healing shall have taken place, thus retaining the normal function or quite nearly so. The custom of binding the arm to the chest does not commend itself to the author whatever method of wound closure may be employed.

Recognizing the incompleteness of this paper if every little item of techinque were to be noted, we feel that the brief statement here presented may serve a meeting of this character better consisting as it does largely of general practitioners.

DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS OF APPENDICITIS.*

BY GORDON A. BEEDLE, M. D., KANSAS CITY, MO.

By conscientious, scientific effort the isolation and elimination in abdominal diagnosis has done much to dispel the old horse-blanket diagnosis of a few years ago, namely: inflammation of the bowels. In embracing the diagnosis of appendicitis of to-day we all familiarly recognize three essential symptoms which stand out prominently under various conditions toward aiding us in correct differential diagnosis, where such is possible without the aid of an exploratory incision. These symptoms are, pain, tenderness, and rigidity of right lower abdominal wall. The sudden onset of abdominal pain, paroxysmal in character, soon to be accompanied with desire to vomit, increased temperature and pulse, the pain gradually growing greater and at the same time more localized toward the position of the appendix; the seat of pain may vary as we know the position of the appendix varies. The tenderness-like pain gradually assuming position over the well known McBurney's point, which however may vary according to the depth or position of the lesion,sometimes only elicited by examination per vaginam or rectum; the tenderness also varies in proportion to the progress of the inflammation, increasing as the inflammation progresses and decreasing when subsided, reaching its greatest degree of intensity when filled with pus. The rigidity of the abdominal rectus muscle, the third common diagnostic point, is customarily associated in location directly with the seat of pain this being, as a rule, over the lower right abdomen, embracing McBurney's point, the common location of the appendix; but if pain reflects to left side that side may alone be rigid; again both sides may be equally rigid with central pain from abscess located centrally in the pelvis. Thus in brief, reviewing the three chief essentials, pain, tenderness and muscular rigidity, accompanied with varying increase of temperature and pulse, our mind conceives a picture which increases in severity with the degree of inflammatory destruction. When the process reaches a stage of gangrene the temperature drops, pulse rate increases, pain disappears and the facial expression is that of extreme shock. When suppurative process involves appendix and adjacent tissue, a tumor which may be fluctuating in character and extremely tender on palpation, is observed at seat of appendix; muscular rigidity however often makes this tumor hard to detect and rectal examination in such cases is often of great value.

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While it is conceded thus to be able to make a clear diagnosis of the majority of our cases of appendicitis, acute or chronic, it is of vast importance that we curb ourselves from the deplorable habit of snap diagnosis. When we stop to realize that there are other organs in the abdominal and pelvic cavities that give rise, under certain pathological conditions, to so similar a classification of symptoms as to make differential diagnosis almost an impossibility, such for instance as the gastrointestinal tract, the gall bladder, the kidney, and ureter, and probably the most essential of all the organs of generation in the female pelvis, we find ourselves more cautious in the elimination of these possibilities and consequently less prone to rush into a wrong diagnosis.

Acute indigestion establishes its beginning with great similarity to appendicitis, history of indigestible food causing nausea and vomiting with temperature and pain in epigastrium, but in differentiation never reaches and becomes localized in the lower abdomen; there is an absence of tenderness and muscular rigidity; in addition the confusing symptoms are short lived especially after favorable action of a good cathartic and a few hours of dieting. In intestinal colic we have instead of tenderness on palpation, relief when pressure is made over the umbilical region and no muscular rigidity; like the gastric involvement the colic ceases when the cause is removed while appendicitis usually increases in severity.

With intestinal obstruction, attack comes on suddenly and is very severe, inability to pass gas and absolute constipation, nausea, vomiting until fecal emesis is reached. With appendicitis constipation is not always present, vomiting seldom passes the degree of completely emptying the stomach. In obstruction the temperature and pulse remain normal until advent of peritonitis. In appendicitis temperature and rapid pulse occur early; shock and collapse occur early in obstruction while usually very late in appendicitis.

In typhoid fever we have a continued general abdominal tenderness not localized, the characteristic tongue and positive Widal test, gradual onset of the typhoid temperature while, on the other hand,—localized tenderness, rigidity and paroxysmal pain.

Chief among the symptoms of gastrointestinal conditions prone to confusion with those of appendicitis are those resulting from perforating ulcers of the stomach, the duodenum and those of typhoid infection. As rule gastric and duodenal ulceration have given a preceding line of symptoms before reaching the stage of perforation, symptoms of sudden physical exertion or movement of the body followed by acute pain in epigastric with faintness and bloody vomiting although the latter may not be present, muscular rigidity chiefly over upper abdomen, temperature subnormal, rapid respiration and pulse; the size and position of perforation influencing the limitation of life. If gastric, the pain of perforation may

come on immediately after eating; if duodenal more prone to occur an hour or two later. Again, with duodenal ulcer, we find the frequent history of attacks of bloody stools and hematemesis. Carcinoma of the cæcum may in some cases and stages of growth find confusion with chronic appendicitis, while palpation reveals tumor; there is the history of slow growth, absence of inflammatory symptoms, no rigidity and slight tenderness.

The differentiation of a ruptured appendicular abscess and that of empyema of gall bladder when it has reached the stage of rupture and the contents pass down the ascending colon to the cæcum, in my mind is an impossibility without a clear cut history of previous symptoms. In the earlier stage of empyema the bladder may be palpated beneath the ribs as a palpable, rounded tumor, the area of tenderness and rigidity will remain and increase along the lower border of the liver entirely too high for the appendix although the appendix be pointing upward, jaundice may be present especially if stone or catarrhal condition exists in ducts.

Realizing that attack of pain in movable kidney is often accompanied by fever, most often found in neurasthenic adults prone to gastrointestinal disturbances, it is not surprising that the similarity under certain conditions should be misleading. If palpation by the various well known ways should fail to reveal the movable kidney, especially under anaesthesia, we have the previous history, the possible depression, reflected pain down the ureter tenderness more general and not so severe, rigidity if present more general, but extending over the iliac fossa, chills generally an accompanient of the fever, with frequent desire to pass urine which may contain blood.

In cases of abscess of the kidney where the pain is directed down the course of the ureter, diffused generally over the iliac fossa there is possible danger of confusion with and frequently discharged from the symptoms of a large appendicular abscess. Under such conditions we have the seat of excessive tenderness as the essential point always located over the kidney in the former, with a previous slow history of development, with probable bladder symptoms, pain and retraction of testicle. In the female we have the possibility of tubal pregnancy occurring in the outer extremity of the right tube, the time of most difficult differentiation being just prior to rupture and consequently the absence of sensitive, fluctuating tumor in culde-sac, which is usually found per vaginam examination after rupture. The history, however, generally reveals most of the well known symptoms of conception with the absence of the inflammatory symptoms associated with appendicitis.

In connection with extrauterine pregnancy we find various other conditions occuring in the female pelvis which at times renders differentiation wisely deferred until exploratory incision is made; chief among these are inflammatory and suppurative involvement of the right tube and ovary, the operative procedure often revealing a similar involve-

ment of both tube and appendix; still, with our chief appendicitis point in mind and the previous symptoms known, differentiation is rarely impossible. n acute inflammation of the tube for instance, there is usually the history of gonorrheal infection, seldom any rigidity of the muscles, pain tenderness less even with the maximun degree of sensitiveness directly over the tube or ovary, provided the condition has developed into an abscess of the tube or ovary with septic fever, the tumor, palpated per vaginam, is more closely associated to the uterus than the appendicular abscess, the uterus generally held rigidly in place, the probable history of specific infection of vagina or uterus; while in appendicitis we may have the history of previous attacks, the localization of pain to the iliac fossa with extreme point of tenderness between the umbilicus and anterior crest of ilium.

REMARKS ON HOOKWORM DISEASE (UNCINARIASIS) WITH REPORT OF A CASE.*

BY GEORGE HOMAN, M. D., ST. LOUIS.

This affection,—which was formerly known as ankylostomiasis, has grown into pathologic prominence within the last fifteen years chiefly through investigations conducted by authority of the Federal government in the southern states of this country, and in the island of Porto Rico.

Uncinariasis, as now understood, is caused by the intestinal parasite, uncinaria Americana, and is defined as a specific zooparasitic disease found especially in tropical and subtropical sand areas. The mature hookworms are about half an inch long. They live in the small intestine, where they suck blood, produce minute hemorrhagees, and in all probability also produce a substance which acts as a poison. They lay eggs which cannot develop to maturity in the intestine. These ova escape with the feces and hatch in about twenty-four hours; the young worm sheds its skin twice and then is ready to infect man. Infection takes place through the mouth, either by the hands soiled with larvæ or by infected food (Stiles). Finally, the larvæ may enter the body through the skin and eventually reach the small intestine, the seat of election being the duodenum.

The symptomatology of hookworm disease is thus described:

"These worms fasten to the mucosa and suck blood. They lay numerous eggs, which can be found by a microscopic examination of the stools. The number of eggs in the feces and, in a general way also, the severity of the symptoms will vary with the number of parasites present and with the duration of the infection.

The injury to the patient results from the following factors: (1) Sucking of blood by the parasites, which is a constant drain on the system; (2) loss of blood into the intestine through the minute wounds made by the parasite, a factor which also tends to deplete the system; (3) the wounds form points of attack for bacteria, hence increase the chances of bacterial infection as well as of toxic infection from partly digested and decomposed food; (4) the wall of the duodendum and jejunum becomes thickened and degenerated, and its function is thus decidedly interfered with; (5) the parasites in all probability produce a poisonous substance which acts upon the patient".'

While as stated the symptoms are by no means uniform, still the most usual and obvious manifestation is anemia of different degrees with muscular weakness and emaciation —the physical inertia and mental lassitude being features that have subjected these sufferers to the half-humorous reproach of being not really ill but having the habit of chronic laziness.

*Read before the St. Louis Medical Society, February 3, 1906.

The extreme cases seem to occur more commonly among children and women than among adult males over 25, and are due to endemic infection totally independent of the cases that have been introduced from Europe, Asia and Northern Africa. In general, it may be said that the commonly reported cases of "pale skin," "heart disease", "diarrhoea" and "bloat", represent various stages of heavy infection with uncinaria Americana; and these infections are amply explained by the almost total absence of privies and closets on farms and plantations. Defecation occurs at almost any place within a radius of fifty meters from the house or hut, and as a result the premises become heavily infested with the embryos. The disease is stated to be a poor man's malady, and there is not the slightest doubt that uncinariasis is one of the most important and most common diseases on farms and plantations in the sandy districts of the South, and indications are not lacking that much of the trouble popularly attributed to dirt-eating and resin-chewing are in reality various manifestations of uncinariasis (Stiles.)

Economically, this disease is very important. It keeps children from school, decreases capacity for both physical and mental labor, and is one of the most important factors in determining the present condition of the poorer whites in the sand and pine districts of the Southern states.

The history of this parasite and its allied species as developed by helminthologists is too extensive to be entered upon now, but it may with propriety be noted here that the distinction of having published the first report of a case in this country belongs to the late Dr. Walter L. Blickhahn of this city who died in the spring of 1895, soon after his appointment to the position of Superintendent of the City Hospital. This publication was made in the Medical News of Philadelphia on Dec. 9, 1895, under the title "A Case of Ankylostomiasis," and was accompanied by two figures in illustration.

Since that time contributions on this subject have multiplied as the disease has been better understood, the ascertained fact of the young worm being able to penetrate the unwounded human skin enroute to its duodenal destination being sensational to a degree and having an almost startling effect on scientific observers in this field. This marks the first stage of the disease, and is known as "ground itch" in Southern endemic localities.

The fact being indisputable that uncinariasis is spread through the feces several explanations have been advanced to account for its greater prevalence in sandy rather than clay soil regions, these being (1) that the embryos lodged in clay are not so easily disturbed and brought to the surface by the human hand or foot as when they are in sand; (2) that the retention of water by a clay formation tends to destroy the organism while the dryer condition of sandy surfaces favors their preservation; and (3) as oxygen is necessary to the development of the embroyos it seems not unreasonable to assume that sand would on that account present more favorable conditions

for the growth to the encysted stage, and probably also a longer preservation of that stage (Stiles).

Report of case: E. J. A., white, male, age 39, native of Alabama, removing thence in early life to Arkansas where he has since lived with the exception of about two years in this City prior to 1894. His place of residence is a small town twenty miles distant from Little Rock, and his business is general merchandizing.

He was a man of lean figure and was first seen by me on August 25, 1904, at the Missouri Baptist Sanitarium, the immediate previous history of the case as given by his brother, who lives here, being as follows:

"My brother came to the city on a business trip and to see the Fair. He had not been in good health for several years. From a boy of 17 or 18 years he had suffered with stomach trouble. While living in this city during the two or three years prior to 1894 he was under the treatment of a physician.

Shortly after arriving in the city on this visit, as was usual with him, he called on this physician, his health being not of the best. He seemed generally weak and broken down. Two or three days after his arrival he took to bed for the most of the time, suffering from extreme headaches and some fever. The physician referred to called and treated him. He had intended staying in the city about 10 days when he came. But his condition was such that after about five days here he concluded to go home.

I occupied the same room with him and noticed he was quite delirious at night. In the morning he seemed brighter and better. One morning he told me that he would go home that night, his physician having told him he would be well enough to leave. His train would leave about 8 p. m. I went to work, returning home about 5 p. m. with the intention of getting things in readiness for him to leave and see him safely on a sleeper. I was much surprised to be informed that my brother had left the house about 10:30 a. m. and had not returned. I did not know what to think. I felt positive that he did not take a day train because there was none; further that he would not leave without telling me good bye. And again his grips were still at the house. I waited in the hope that he might return, but at 7 o'clock concluded to make a search, fearing that something might have happened to him. Believing that on leaving the house he would go directly to the office of the doctor who had been treating him I rang up the latter's office, being informed that my brother had called there shortly before noon, got some medicine and left. The doctor was positive that when he left he was perfectly able to take care of himself. I remember asking this man if he was positive that my brother's condition was such that he was not likely to faint and fall upon the street. The answer was a positive negative.

I went directly to the Four Courts, arriving about 8 o'clock, and on using the police telephones was quickly in receipt of the information that a man. . . .had just been sent to the City Hospital via the City Dispensary. I arrived at the Hospital just as he was being taken from the examination room to a ward. . . . He remained at the Hospital that night. The following day I brought the case to your attention and that night you had him removed to the Baptist Sanitarium.

. . . . . .

My brother was never able to remember what he did from the time he left the doctor's office. He remembered leaving after being pro-

vided with some additional medicine. He remembered that he must catch a train. He also remembered that some time during the day he went into a place and ate something. Outside of this he had no idea of where he spent the 7 hours passing from the time he left the doctor's until he went in the alley to lie down. He could not tell if he had spent all this time in walking or not, nor could he remember riding on a car during the day.

When seen by me about 10 P. M. on the date mentioned he was fairly clear in mind with some depression of temperature, and increased pulse and respiration rate. His only complaint was concerning his stomach and for the next 24 hours only butter-milk alternating with seltzer was given.

During the next few days the temperature fluctuated between 97 and 100 and in seeking a cause typhoid fever and malaria were considered but blood tests for both proved negative having been made by Dr. Gradwohl by my request on Aug. 29 and Sept. 5. However he gradually improved, his dietary was enlarged and he quitted the hospital for his home on Sept. 6—the diagnosis not being clear by any means.

Nothing further was heard from him until in September 1905, when he wrote mentioning that he had called to see me during my absence from town and wishing advice as to his physical condition, which he described in this manner:

"I do not seem to thrive for some reason or other. . . . have frequent occurrences of heaviness, both mental and physical, and at such times find it very hard to be active and energetic. On taking some purgative I find relief for a time, but it is only temporary. It might be described as a general disinclination to work. Suppose it is malaria, although I have not had any serious sickness since I came home from St. Louis. Another thing: I am very thin blooded and suffer (when the weather is cold or cool) with cold feet and hands and also on slight exposure to cold winds become chilled through my chest. I have tried wearing more clothing and heavier clothing but it is only a temporary relief. . . . So long as in a warm room would be all right, but on going out on the street I become chilled almost instantly. . . I need something to thicken my blood and put some flesh on my bones, but have not found anything yet which will do it."

Later he wrote: "I have felt the effects of something for 20 years and have been treated for almost everything but with no relief. I shall be very glad if I can obtain relief now, but it will always be with regret that I will think of the years past when I needed health and strength so badly and could not have it."

Consideration of the several features of the case together with the light thrown by medical literature upon the subject of hookworm disease, led to the decision to make search in that direction, and accordingly he was asked to send specimens of his stools passed according to prescribed conditions.

The miscroscopical work was undertaken by Dr. Gradwohl who reported finding the eggs in three specimens sent at different times but no mature worms were discovered, probably on account of distance of shipment and delay in the examination.

The treatment was thymol after three days on liquid diet, in thirty

grain doses at 8 A. M., followed by castor oil or magnesia at noon. Blaud's pills were given as a tonic, this being the line of treatment suggested by Stiles, and followed with such excellent results in Porto Rico. His brother, who paid him a visit during the recent holidays, reports that he was never so well before, and he himself reports steady improvement in his condition.

Of course the finding of either the worms or the eggs is the convincing evidence in such a case and effectually clinches the diagnosis; that being determined the rest is easy.

Reverting to the condition and symptoms of this patient as observed in August, 1904, the question as to the cause of his mental confusion invites careful attention. All the ascertained facts point to the certainty that for a number of hours he wandered through the streets in a dazed mental state seeking the Union Station, and was found by the police lying unconscious at the entrance to a public alley not far from the center of the Malpais district—a remarkable fact in this connection being that he suffered no harm in person or property, a considerable sum in money and negotiable paper, gold watch, and other valuables on his person at the time being untouched.

As to the cause of his mental bewilderment and insensibility alcoholic intoxication can be absolutely excluded, and drug intoxication can be put aside with almost equal certainty. This then narrows the problem down to the question whether an overpowering dosage of toxin of duodenal origin precipitated on the system by unascertained causes may not have been the potent factor in the case—in short that *intoxination* of hookworm causation rather than intoxication affords a rational explanation of this patient's condition.

So far as known no chemical or physiological inquiry into the nature of this toxin has been made and the suggested conclusion is therefore lame to that extent.

The fact mentioned by the patient himself that temporary relief was always obtained by recourse to purgatives is easily understood, as in the sluggish condition of the bowels usually present, the parasites accumulated in the small intestine together with the toxins present would be swept away by such an administration.

I desire to express my sense of obligation to Dr. I. H. Cadwallader, Superintendent of the Missouri Baptist Sanitarium, and to Dr. R. B. H. Gradwohl for assistance kindly afforded in getting together the facts in this case.

DISCUSSION.

Dr. Louis M. Warfield: I have been much interested in this case, although it is not a case that originated in Missouri. According to the history, the infection most probably occurred in Alabama, and that brings up the question, how long after the initial infection a hookworm infection can be found. In a

1. Report upon the Prevalence and Geographic Distribution of Hookworm Disease (Uncinariasis or Anchylostomiasis) in the United States—By Ch. Wardell Stiles, Ph. D., Chief of Division of Zoology.

Hygienic Laboratory—Bulletin No. 10. February, 1903.

case I saw two years ago the patient must have been infected about fifteen years previously. This affection seems to be confined to the states of the Atlantic and Gulf coast. I understand that cases of this disease are looked for here by certain men, but so far one has never been found originating in Missouri. It seems strange, since the Southern states simply teem with the infection. The connection between this affection and ground itch is interesting. In the examination two years ago of 75 boys with ground itch I found that 80 per cent, or sixty boys, had hookworm disease. When a boy gave a history of ground itch I almost invariably found the eggs in the stools. While I made the statement in my paper published in "American Medicine" that I did not believe the infection (hook-worm disease) could come through the skin, still there was some marked connection between them, and I believe now, in accord with the latest researches that the ground itch is caused by the larvae. The finding of the eggs in the stool is the simplest thing in the world, for the ova are unlike anything else and when found under the miscroscope cannot be mistaken for ova of other intestinal parasites. The macroscopic diagnosis can sometimes be made by placing some of the infected stools on a piece of white blotting paper. After an hour there will be a brown or reddish brown, stain, due to the blood, on the blotting paper. But as far as that goes, the diagnosis is almost made on sight. After one has seen many cases one can almost pick out from a crowd of people by the typical cast of countenance those severely affected. It is probable that the worms do not suck the blood. It is thought that they feed on the epithelium of the duodenum, this leads to a chronic inflammation of the gut and eventually to chronic dyspepsia so that those who have once been seriously infected may suffer for years from dyspepsia after worms themselves have disappeared.

Dr. G. C. Crandall: I had the opportunity of examining three different specimens of the stools. A friend of mine from Cuba sent me a number of the worms. In the stools I examined I did not find the worms but I did find the eggs very readily. They are very easily found.

Dr. Warfield: It is sometimes remarkable the number of eggs that are obtained when treating a severe infection. In one case I recall which simulated closely a case of acute nephhritis, when the correct riagnopain in the back, pallor and general appearance of the patient such as to lead to a belief that it was a case of nephristis, when the correct diagnosis was made on the day following the first visit by examination of the stool, after the first treatment I counted over four hundred of the worms and then grew tired of counting. At every treatment (there were three of them) worms were found in the stools. The worms are not usually found in the fresh stools. In the fresh stools it is the eggs that are found.

Dr. Carl Fisch: Uncinariasis sometimes occurs in Missouri, too. I have reported one case where the infection occurred in a little girl living in the suburbs of St. Louis.

Formerly it was thought that the larvae were always taken up by the mouth but that theory is being abandoned since the discovery of the penetration of the larvae through the skin, finally reaching the small intestine. A very peculiar point in this connection is that after the larvae penetrate the skin they are taken up by the circulation and carried to the heart and from the heart to the lungs. Here they are arrested in the capillaries, penetrate into the alveoli and through the bronchial tract finally get into the pharynx and mouth, when they are swallowed and carried into the intestines. As Dr. Warfield has said, the eggs are very easily seen. The larvae can be seen in the stools a few hours after defecation.

Dr. John Green, Jr: An interesting observation was made recently by Dr. Calhoun, an oculist, of Atlanta, Georgia. He encountered an unusually large number of cataracts in young persons and in seeking the cause he determined that in a majority of the cases the patients were infected with hookworm disease. He assumed that this ocular condition was brought about through the nutrition of the lens incident to the general anemia.

Dr. A. Edward Meisenbach: Regading the blotting paper test for hookworm infection as recommended by Stiles, it is open to objection since C. F. Craig obtained a positive reaction in chronic diarrhoea, chronic dysentery as well as in chronic colitis. In addition to the experiments made to determine the mode of infection already mentioned we might add the observation of Bently who found an embryo hookworm in a vesicle in a case of ground-itch coming under his observation.

Dr. Homan, in closing: This was the first case that had come under my observation and its nature was not recognized at the time the patient was seen. His condition was so reduced and anemic when he was found by the police and taken to the city dispensary that the physicians there made a hurried diagnosis of pulmonary consumption.

GRAFT IN MEDICINE.*

JOHN C. MORFIT, M. D., ST. LOUIS.

It is not surprising that graft, the national and international "conventional offense," which has in the last few years manifested itself in nearly every department of social and governmental life,should be present in the ranks of our beloved profession. Its effect here, as elsewhere, is demoralizing and destructive to the highest and noblest aims. Its existence in other walks of life is ancient and the late uncovering of the practice in non-medical circles has shown its lengthy presence and emphasized its recent stupendous increase. With medicine, however, it seems to have become a matter for consideration only since specialism has become so universal. In our own city, the suits brought by certain so-called preachers against doctors and hospitals for services rendered in the line of soliciting patients, are still fresh to our memories. We are all familiar with the circulars sent out by a member of the profession, in which he covertly asked the expression of opinion from those who received the circulars, on the subject of the division of fees. This circular has been received by clear headed doctors in St. Louis, and vicinity, and for 1500 miles towards the Southwest country. Its purpose is written on its face, as clearly as if the doctor had written: "My dear Doctor: I am a prominent surgeon. Send me your cases and I will arrange the financial part of it so that you can get the proportion you wish, out of the total collected." It was very humiliating for a St. Louisan to hear this circular read by Dr. Pigg of Indian Territory in the course of his paper recently delivered at the sixth annual convention before the Southwestern Tri-state Medical Society at Oklahoma City. But it was equally gratifying to see how accurately the aim and purpose of the circular was interpreted; and how roundly its malignance was denounced.

In connection with that article, the following appears in the November issue of the Journal of the Kansas Medical Society under the title of "Division of Fee."

"This question has not yet been thoroughly settled—or at least thoroughly enough to prevent men from writing from St. Louis and Kansas City alluring offers to the general practitioners out in Kansas and Oklahoma. At the late meeting of the Southwestern Tri-State Medical Association one of the most earnest discussions was on this subject, brought up by Dr. Pigg, because of letters from St. Louis. We gladly give the following letter space without charge and really hope that Dr. Edmondson may be benefitted by it:

*Read before the St. Louis Medical Society, meeting of February 17th, 1906.

Oct. 28, 1905.

Dr.

Kansas City, Kansas.

Dear Dr:—

In treating the class of cases that come within the scope of the Orthopedic Specialist and the length of time required to perfect a cure, I find it necessary that the family physician should more actively co-operate in the treatment and management of the case. The after treatment to prevent relapses is of great importance, and this duty devolves very largely on the family physician, and usually he is not paid in proportion to the service rendered. While this is true, yet my experience has taught me that most patients prefer that one fee cover all the costs in the case. In fact if they are compelled to meet further charges, the case is often neglected and a relapse follows.

I have therefore determined on the plan of co-operating with the family physician and compensating him by including in my fee sufficient to cover his services as well as my own.

I have charge of the Orthopedic work at Mercy Hospital for ruptured and crippled children, and the management authorized me to say that they have a number of free beds for those unable to pay for care and treatment, and cordially invite your support in this work. This letter is prompted by a spirit of fairness and justice, and for the best interests of this much-neglected class of work.

Yours fraternally,

M. M. Edmondson.

The publication of such circulars does injury and injustice to the organized profession but as long as they supinely submit to the odium thus cast upon them, they deserve the injustice that is brought about. It is our duty to let the profession know that such matter does not represent the sentiment of the organized and ethical profession in any community.

Now we all know that in our own community of St. Louis this practice exists, and whether we admit it or not; whether we prefer to disclose it or not, the evil is with us. I am not unmindful at this moment of being asked over the phone within the past few months, by a doctor of this city, to operate on a case of malignant tumor of the maxilla. After explaining the case to me and finding out the amount of my fee, he said he would arrange for operation, and would be glad to turn it in the hands of one of his friends who would divide the fee with him. He expressed surprise that the case was refused on these conditions and, as an excuse, asserted it was common practice among the largest proportion of the profession, here and elsewhere. This I believe to be untrue. There are some men undoubtedly, who are addicted to this practice, but I believe they are in the very small minority. However, such experiences as each one of us is familiar with leave little doubt that the practice is too prevalent and that the fair name of our profession is tremendously injured.

Who earns a fee? This is not a hard question to answer. The man that makes the diagnosis; the man that calls in necessary aid; the man that directs his patient into proper channels undoubtedly earns a fee, and the best that he can get. His patient is under obligations to him, and to him alone, for the services he has received at the hands of his

medical adviser. The patient is equally responsible to any other medical man who renders him a service. The medical adviser, the family physician, the internist, or whatever else we may designate him, is not in the least responsible for the payment of the consultant's fee, be he oculist, aurist, gynecologist, surgeon, or what not.

Also the patient himself, and he alone, or his legal representative, is responsible to the consultant. In this question, which has been before us in various aspects for some years, there is a harping on the largeness of the surgeon's fee, and the smallness of the family physician's fee. The whole question seems to center around the surgeon and the general practitioner, rather than the general practitioner and specialists other than surgeons. For a matter of consideration, it is convenient to take the surgeon as a type, rather than as the exclusive offender. For no doubt, graft is equally prevalent in all lines. I have myself been sounded by non-surgical specialists. The disparity between the surgical operative fee and the family physician's fee is not due to the fact that the surgeon's fee is excessive, nor in any way out of proportion with the service rendered. The $500.00 fee is exceptional; the $1000.00 fee is rare. But in very few instances is an exorbitant fee charged and less frequently is it obtained. So rarely, in fact, that we might leave it out of discussion. Both the specialist and the general practitioner are underpaid ninety times out of a hundred, and this is because of financial inability on the patient's part more than any other cause.

The seeming disparity in the amount of their bills is due more to the fact that general practitioners and family physicians undervalue their services rather than that the specialist overvalues his. Until the internist or family physician learns to put a higher value on his diagnostic ability than the $2.00, $3.00 or $5.00 per visit for the one, two or three visits necessary for him to make an important diagnosis, he has no one but himself to blame, and he ought not to murmur that the specialist obtains more nearly his just deserts; but rather ought he to chide himself for being like the man who carried his friend to the gates of heaven only to find that riders but not beasts of burden were admitted. Until each doctor learns to stand on his own feet and educate his patients to a knowledge of the fact that an intelligent opinion and well worked out diagnosis is of more real value many times than the procedures undertaken for the immediate cure of the trouble, he has no right to complain of his financial returns, and to ascribe his lack of remuneration to a disparity in fees, for which he himself is responsible. A man does not deserve greater remuneratation than the estimate he makes of the value of his own services.

Why should dear old family Dr. A. expect a specialist, Dr. B., to part with any portion of his fee? Is A.'s lack of moral courage and business sagacity to be compensated for out of the specialist's pocket? Has specialist B. so little confidence in the value of his own results and in his conscientious endeavor to do the

right thing towards his patients that he cannot depend on his professional skill and reputation alone to increase his business, that he must needs feel called upon to pay his general practitioner friend any portion whatsoever of the remuneration due him and him alone? Carry the case a little further: If specialist B. does pay Dr. A. a percentage of the fee, why should specialist B. lose that? Why should he not look around and endeavor to reimburse himself for the expense he has been put to, to get his patient? Why should he not make arrangements with the model hospital to get a proportion of the income said hospital obtains from the patient he sends there? That would help out considerably, and the longer he kept the patient there, the more it would help out.

Or suppose this patient, a stranger from the country, should remain in the hospital long enough to prove a dead failure to the specialist, why should not specialist B. recommend to friends of the deceased an undertaker whose good services he would be willing to guarantee? And why should not this undertaker pay specialist B. a good round percentage of his total, since specialist B. was kind enough to recommend the undertaker as a man who could do for his erstwhile patient what he had neither the training nor the inclination to do?

Another source of income might also be invoked: Why should not specialist B. have a remunerative understanding with his druggist? I do not mean to imply that the physician has nothing to do with the specialist's charges. The specialist, as a rule, knows nothing about the ability to pay of the patients referred to him. It is right and proper that he should be guided in his fees by the information furnished him by the family physician, provided he be a man of integrity. But neither the specialist not the physician should suggest or assume either directly or indirectly, the one to the other, the financial responsibility which naturally and rightly belongs to the patient.

We will admit that an unjust disparity in fees exists, but we cannot admit that one wrong must be offset by another. The increased cost of doing business and the increased cost of living with a coincident increase of the average man's means in the last few decades makes it incumbent on the profession to increase its charges for services rendered. It is also our duty to ourselves individually and collectively to modestly educate the public into a proper estimate of the value of the services we give them and when they know the value they will attempt to meet the demands of justice.

The value of human life cannot be gauged in dollars and cents. The man who literally saves a life by stopping a hemorrhage, is not fully paid by the patient's check, no matter what the size. The patient who receives the benefit of a skillful diagnosis should not estimate its value by the cost of a visit and a prescription for calomel and salts. It is not what is done that we are paid for, but it should be what we know how to do and what not to do that should influence the fee.

There is no rule in our community which governs this question, but if the action is wrong, there should be a penalty imposed by the organized profession for the breach of professional ethics. "In the principle of medical ethics, Section 4, Article 6, is found the only reference to this matter. Let me quote: "It is derogatory to professional character for physicians to pay or offer to pay commission to any persons whatsoever, who may recommend to them patients requiring general or special treatment, or surgical operation. It is equally derogatory to professional character to solicit or receive such commissions." In Section 1 we find the clause. "To every one on entering the profession and therefore entitled to full professional fellowship rises an obligation to uphold its dignity and honor, to exalt its standing and to extend the bounds of its usefulness."

The St. Louis Medical Soicety of Missouri has the right, and I believe it is its duty, to take some definite action in this matter. There is nothing in our by-laws or rules which prevents graft in medicine. There is no official action which has been taken since our affiliation with the American Medical Association which defines our position in this matter nor which provides a penalty for the offense.

At this time, when there is a general revolt against dishonesty and questionable practices in all departments of modern life, both social and political, the medical profession should step in line and demand an open, frank and honorable method of practice from its members. Practices such as I have outlined should be stifled in their incipiency. When we accomplish this we will have more respect for ourselves and inspire more respect from the public.

I realize fully that I have touched here on only one phase of graft in medicine. I have done this because I believe this is the more serious phase, and one which, in St. Louis at least, results in the greatest injury to the profession as a whole. It is a matter that might have been referred to the Committee on Ethics but I believe it is a question which is large enough to be discussed by the whole society and later epitomized into some effective action by the proper committee.

DISCUSSION.

Dr. G. M. Tuttle: I think Dr. Green and Dr. Dorsett have hit the mark. The patient must be taken into consideration as well as the family physician and surgeon. Let the specialist promise to divide any fee with the medical man but let it be stated in the bill that this $25 or $50 of the fee is for the services of Dr. A. who is the family physician.

Dr. Morfit, in closing: No man has more respect for the medical man than I, nobody wants his counsel more than I do, nobody wants to see him get his just due more than I do, but I do not feel that the specialist who gets a just fee, actually or comparatively large, should give a part of his fee to the family physician, whose fee is comparatively small due to his own under-estimation of his services. I have learned to-night through the words of a

prominent medical man who discussed this question that there is a coarse graft and refined graft. If I say to Dr. Jones, "Send me your liver abscess and I will charge $500 and give you half," that is *coarse* graft. But if he send me the case and I operate and voluntarily send him $25 that is *refined* graft, but it is *graft*. The family physician and the consultant are deserving of just compensation, but neither one at the expense of the other. Each earns his fee and each ought to get it, but what I object to is the offering, giving or accepting of commissions.

Fees of specialists are regarded by certain medical men as unjust in comparison with their own which they pretend to regard as a standard of honesty and fair dealing. The specialist is regarded as a grasping, cold-blooded financier by too many of his fellow practitioners and they attempt to treat him as our grafting police officers treats his foot pad pal. They advocate preventing what they are pleased to regard as "robbery" by dividing the spoils. They rob the robber to protect their patient and they do it in so modest a manner that the patient never knows of the benefaction and the noble deed passes into oblivion all unsung.

A CASE OF SUBHYALOID HEMORRHAGE.

With Remarks on the Source and Anatomic Situation of this Variety of Intraocular Hemorrhage.*

BY JAMES MOORES BALL, M. D., ST. LOUIS.

J. W. M., male, aged 40 years, was referred to me by Dr. J. W. Hamilton, of Mt. Vernon, Ill., on January 20, 1906.

Patient states that his right eye has always been defective. He has never been able to read with it. He could see large objects but has no definite recollection as to the amount of vision with this eye. When 13 years old he had an attack of conjunctivitis. During his school life his eyes gave him no discomfort; he had no blurring of vision and no headache. In his 17th year he became a bill clerk in a grain elevator, which position he held for one year. He then followed blacksmithing for six years. For two years of this period he was engaged in "flue-welding," which was very trying on his eyes, because of the close attention required in observing white-hot metal at close range (about



Subhyaloid Retinal Hemorrhage. (Ball).

*Read before the St. Louis Medical Sociey, meeting of January 27th, 1906.

four feet). This exposure caused no pain but produced failure of vision, reading becoming impossible without the aid of glasses. Sixteen years ago the patient abandoned blacksmithing and engaged in the laundry business.

The present trouble began three weeks ago with blurring of near vision. His glasses were changed by an optican to + 1.50 for each eye. On January 9,1906,during a "coughing spell," occurring in the morning, the patient's right eye became suddenly and completely blind in the direct line of vision, although at the inner and outer sides he had perception of light. For about two hours the color of the obstruction was totally black; then, when looking at a gas jet, it appeared to be blood-red; at the present time objects look foggy. Vision gradually improved reaching: V. R. E. = fingers at 4 feet.

Patient has had one mild attack of rheumatism about 20 years ago. He has never had syphilis. His father was killed by an accident. His mother died at the age of 53 "from dropsy and an ovarian tumor."

When the patient visited me (January 20, 1906), V. R. E. = fingers at 4 feet; V. L. E. = $\frac{20}{15}$. Under a mydriatic (atropin) V. R. E. = fingers at 2 feet; V. L. E. = $\frac{20}{50}$. With glasses: V. R. E. with + 8.00 D. = $\frac{50}{7}$ V. L. E. with + 2.50 D. = $\frac{20}{5}$.

Ophthalmoscopic examination shows the left eye to be normal. The right eye presents, in the lower temporal quadrant of the fundus, a large hemorrhage which evidently is undergoing resorption. This blood area is shaped much like the letter D turned 15° to the right. Its upper internal extremity is separated from the optic nerve-head by a space of 1 papilla diameter. It is bounded below by a red crescent which is separated from the main body of the clot by a grayish white line. In this respect the case I report is different from any one described in the literature. The body of the hemorrhage does not now involve the macula, although it probably covered the macula originally, as is evidenced by the presence of a grayish white area situated above. Scattered alongside the vessels above the clot are a number of small white round areas of retinal degeneration. Throughout the area of the hemorrhagic placque the retinal vessels are invisible. The general color of the clot is a dark brick-red. In places it approaches a lighter color, notably above where absorption seems to be progressing rapidly. By direct ophthalmoscopy I found the central area of the hemorrhage to be hypermetropic 4 D. The urine was examined with negative result.

Patient returned February 3, 1906. V. R. E. with + 8.00 D. = $\frac{12}{50}$. The hemorrhage had diminished about 25 per cent. in area.

SOURCE AND ANATOMIC SITUATION.

The exact source of this variety of intraocular hemorrhage and its anatomic situation are important points, on which, however, no general consensus of opinion exists at the present time.

Nettleship[1] speaks of the condition as "a single very large extravasation (which) occurs on the surface of the

retina beneath the internal limiting membrane from rupture of a large retinal vessel, probably a vein." In another place, while apparently referring to these cases, he states that: "Very large hemorrhages,many times as large as the disk, sometimes occur near the yellow spot, and probably all the layers then become infiltrated, while sometimes the blood ruptures the anterior limiting membrane of the retina and passes into the vitreous.[2] Commenting on Morton's[3] case,Nettleship gives his opinion that the arrangement of the essential structures in the region of the macula accounts for hemorrhages of this character affecting that situation in preference to any other.

Berry[4] describes subhyaloid hemorrhage as an effusion of blood from the retina, spreading out "in a thin layer between the retina and the vitreous without passing into the latter." He calls attention to the "dense central scotoma which passes off, entirely or nearly so, after the lapse of several months." He states that the pathology of the affection is not clear.

On the other hand Hotz[5] argues strongly that the perfect restoration of vision in these cases is a sufficient proof that the blood is situated in front of, and not in or behind the retinal layers.

In a paper which is notably clear in its descriptions, and explicit in its remarks. Hotz describes and discusses three cases which had occurred in 20 years' practice. His opening sentence is so appropriate that I will quote it:

"Of all the hemorrhages occurring in the interior of the eye the effusion of blood between the retina and vitreous is the most interesting kind and deserves our special attention; for as this effusion usually spreads over the region of the macula it causes a sudden and complete loss of vision, which naturally frightens the patient in no small degree."

Frost[6] describes the condition as an extravasation beneath the hyaloid membrane. He argues for the situation between the retina and hyaloid membrane on clinically and ophthalmoscopically observed facts. He states that it has been suggested that these hemorrhages are chorioidal and not subhyaloid. "The evidence, however, in favor of their being subhyaloid is very strong," as follows:

1. The sharpness of outline of these hemorrhages is not consistent with extravasation into a tissue like the chorioid; furthermore the patients complain of seeing objects as through a red veil, which leads one to believe that the blood must be anterior to the layer of rods and cones.

2. The color of the extravasated blood being nearly that of the vessels, it is not easy to determine the relation of the latter to the hemorrhage. He then cites Morton's[7] case in which the area of extravasation became white after several months and was then distinctly seen lying in front of the retinal vessels.

3. Frost endeavors to controvert Silcock's[8] view that in his case,where the straight edge of the hemorrhage was directed obliquely downwards, the blood was in the chorioid, by saying that the shape and outline of the extravasation are against its being contained in the interstices of

such a tissue as that of which the chorioid consists.

Lang[9] argues for the subhyaloid position on account of the complete obscuration of the retinal vessels at the edge of the extravasation; the red blurring of objects as seen by the patients, and the common existence of a scotoma. He quotes de Wecker as authority for stating that a hemorrhage of the chorioid will cause no such scotoma. As to the central situation he accepts Gunn's explanation of a potential cavity in the macular region, owing to the more feeble attachment of the hyaloid membrane to the retina here.

Haab[10] speaks of these cases as hemorrhages between the retina and the vitreous body, and refers to Leber[11] who took a similar view. Haab relates six cases, all from a clinical point of view.

Fuchs[12] in the second American edition of his text-book, describes these hemorrhages as preretinal and the text is unchanged in the ninth German edition.[13]

Fick[14] does not mention subhyaloid hemorrhage. Norris and Oliver[15] say that, "In some rare cases large hemorrhages, after escaping from the fibre-layer, find their way between the retina and the hyaloid, and spread out as a concave sheet over the face of the retina. Such hemorrhages, even when they invade the macular region, may be entirely absorbed without any impairment of vision."

Gibbons,[16] in speaking of retinal hemorrhages says: "When they occur at the macula they produce an irregularly oval blotch with its long axis vertical. If the hemorrhage is large and of a drop-like form it is as a rule situated between the internal limiting membrane of the retina and the hyaloid membrane of the vitreous."

Holmes Spicer,[17] in an early communication, mentions the difference of opinion as to the seat of the lesion. He considers these hemorrhages to be venous in origin on account of their spontaneous arrest and the turgidity of the veins. He regards the extravasations as too large to be capillary. Recently in a syndicate book,[18] to which he contributed the chapter on diseases of the optic nerve and retina, Spicer states that the hemorrhage is on the retina beneath the hyaloid membrane. He mentions Fisher's observations, of which I will speak presently, and adheres to the view that the blood comes from a vein.

A recent work on the eye by Hansell and Sweet[19] does not mention subhyaloid hemorrhages.

As far as I am aware, in only one instance has a histological examination been made of an eye with subhyaloid hemorrhage, This was in the celebrated case of Mr. J. Herbert Fisher,[20] of London. His investigations indicate that in his case the blood escaped from a minute vessel, and detached the internal limiting membrane from the retinal layers spread in the space thus formed.

Fisher's patient was a woman, 60 years of age, whose vision failed suddenly when she was at laundry work. She had severe expistaxis, March 13 and 14 (1895), requiring admission into St. Thomas' Hospital. Her father died of tuberculosis and her mother passed away in

a "fit." It is unnecessary to give all of the history. Suffice it to say that April 30, 1895, she was admitted to Lawford's eye clinic. Vision = hand movements, but cannot count fingers. Ophthalmoscopic examination showed a large subhyaloid hemorrhage. Its upper border, on a level with the optic disc, was sharply defined and gray; its lower border was less regular and had a fringed appearance. The retinal vessels over the affected area were completely obscured. Below the main patch and in connection with the inferior macular vein, was another patch of extravasated blood, less sharply defined and much smaller than the central one. Otherwise the fundus was normal.

L. E. with + 5.00 D. gave V = $\frac{9}{9}$

On May 14 V. R. E.=fingers at 2 feet.

On May 28 V. R. E. = fingers at 3 feet.

She had several uterine hemorrhages between these dates.

She died May 31. Temperature just before death, 106.4°.

The autopsy showed cerebral hemorrhage. The left lateral, third and fourth ventricles contained blood-stained fluid. Left motor tract in hemisphere was infiltrated with blood. The microscopic examination of the affected eye showed the following changes:

A double membrane was seen running over the surface of the blood. The membrane nearest the blood showed nucleated cells in connection with it, while the other membrane was structureless. The first was evidently the internal limiting membrane of the retina and the second was the hyaloid membrane of the vitreous. The two membranes ran practically parallel with a minute interval between them, and both were on the surface of the extravasated blood. At one place a small number of blood corpuscles was seen between the two membranes, which at this spot were dissociated; here the blood had apparently broken through the internal limiting membrane of the retina but had been checked in its passage toward the vitreous by the hyaloid membrane. At the end of the section furthest from the optic nerve the blood had burst through both membranes, and had spread itself out for some distance as a thin layer on the surface of the hyaloid membrane. The retinal layers were not infiltrated. The section gave no clue as to which of the retinal vessels was the source of the hemorrhage.

Fisher concludes that subhyaloid hemorrhage should be classed under the head of retinal hemorrhage.

Blood is apparently poured out from a retinal vessel, does not involve the retinal layers, but detaches the internal limiting membrane from their surface and accumulates in the space so formed. It may break through not only the internal limiting membrane but also the hyaloid membrane and thus pass into the vitreous humor. Though the specimen proves nothing in this direction, it seems probable that to tear off the internal limiting membrane from the retina would require blood and moderate pressure from a minute artery.

Fisher holds that blood from a

vein would be insufficient to cause this separation. He believes that the possibility of estimating the surface of the hemorrhage to be hypermetropic seems doubtful.

Parsons,[21] whose recent book on the pathology of the eye is a standard authority, has this to say in speaking of retinal hemorrhages: "The larger hemorrhages, may be limited by the hyaloid membrane, as in the typical subhyaloid hemorrhage, or they may burst through into the vitreous, tearing up and destroying the retina, and forcing the vitreous and lens forward, thus causing a secondary glaucoma."

ETIOLOGY.

Subhyaloid hemorrhage is a rare disease. Hotz[22] met with three cases in 20 years' practice. The case which forms the text for this paper is the first one I have recognized.

Eales[23] has recorded four cases. He considers the disease more common in males, attributing the comparative immunity of females to the relief afforded by menstruation. His views are not in harmony with those of other observers.

Spencer Watson[24] relates a case of subhyaloid hemorrhage in a woman at the climacteric. Hotz's[25] first case occurred in a woman 42 years of age, who, while menstruating, stood with bare feet in very cold water. The menses ceased and two days later, while working over embroidery, she became dizzy and soon was blind in the left eye. Five weeks later vision was normal.

In this connection A. Hill Griffith's[26] experience is worthy of record. In an experience comprising 6500 cases seen in private, and a large but unstated number in clinical practice, he found 14 examples of subhyaloid hemorrhage. Ten cases occurred in females and 4 in males. In this period the total number of cases of retinal hemorrhage was 83, classified as follows:

41 cases of retinal hemorrhage;

20 cases of hemorrhagic retinitis;

14 cases of subhyaloid hemorrhage;

8 cases of vitreous hemorrhage.

Thus it is seen that 16 per cent. of cases of retinal hemorrhage observed by Griffith were of the subhyaloid variety. This is certainly an unusual experience.

Doyne's[27] case occurred in a man, Lang's[28] in a boy, and Mellinger's[29] in a man. Of Hotz's[30] three cases, two occurred in women. Thomas's[31] patient was a young woman with delayed menstruation.

Obermeier's[32] case is unique. His patient received a fall upon the back of the head, followed by subhyaloid hemorrhages in both eyes. The effusions were large and reduced vision to 3-50 and 1-60 respectively. Nine months later the blood had been absorbed and vision was normal.

Ziegner[33] reports a case of idiopathic hemorrhage between the retina and vitreous humor in a 52-year old man. The clot was completely absorbed in 3 months, following the repeated subconjunctival injection of physiologic salt solution.

PROGNOSIS.

Of all the varieties of retinal hemorrhage the subhyaloid is the one

which gives the most favorable prognosis, both as regards the restoration of vision and the life of the patient.

In conclusion, the writer wishes to thank Dr. W. E. Fischer, of St. Louis, for making a sketch of this fundus, and Dr. Mortimer Frank, of Chicago, for looking up references in the Newberry library.

DISCUSSION.

Dr. John Green Jr.:—I have never seen a case of subhyaloid hemorrhage, my experience not being so extensive as that of some of the other gentlemen. In the literature of the past year I found one report of rapid resorption of hemorrhage into the vitreous following the *subconjunctival* injection of dionin. Possibly a similar procedure might be useful in a case of subhyaloid hemorrhage.

Dr. Barck:—I do not believe these cases are so rare. I have seen a number of them. They differ from the other forms of retinal hemorrhages in that there is but one hemorrhage, while in the other forms there are as a rule several. The condition is so typical, that the diagnosis cannot be mistaken; the sharp boundary, the central location and the sinking down of the blood later on are characteristic. The reason why we find this single hemorrhage in this region only is because of the distribution of the arteries. We find there only terminal arteries without collateral circulation; therefore rupture takes place in them easier than in others; it is just so in the brain.

[1]Nettleship: Diseases of the Eye, Philadelphia, 1900, p. 246.
[2]Ibid., p. 235.
[3]Morton: Trans. Oph. Soc. of United Kingdom, Vol. IV.
[4]Berry: Diseases of the Eye, Philadelphia, 1889, p. 269.
[5]Hotz: Annals of Oph. and Otology, Vol. II. No. 1. (Jan., 1893).
[6]Frost: The Fundus Oculi, Edinburgh & London, 1896, p. 169.
[7]Morton: Transactions Oph. Soc. of U. K., Vol IX. p. 145.
[8]Silcock: Transactions Oph. Soc. of U. K., Vol VII, p. 176.
[9]Lang: Transactions Oph. Soc. of U. K., Vol. VIII, p. 155.
[10]Haab: Beitrage zur Augenh. Heft v. 1892.
[11]Leber: Graefe-Saemisch Handb., Band v. 1553.
[12]Fuchs: Text-book of Ophthalmology, New York, 1899, 6. 443.
[13]Fuchs: Lehrbuch der Augenheilkunde, Leipzig und Wein, 1903, s. 518.
[14]Fick: Diseases of the Eye and Ophthalmoscopy, Philad., 1896.
[15]Norris & Oliver: A Text-Book of Ophthalmology, Philadelphia, 1893, p. 448.
[16]Gibbons: The Eye, New York, 1905, Vol. II, p. 443.
[17]Spicer: Royal London Oph. Hosp., Reports, Vol XIII.
[18]Posey & Wright: Diseases of the Eye, Nose, Throat and Ear, Philadelphia, 1903, p. 430.
[19]Hansell & Sweet: Text-Book of Diseases of the Eye, Philadelphia, 1903.
[20]Fisher: Ophthalmic Hospital Reports, Vol XIV, p. 291.
[21]Parsons: The Pathology of the Eye, Vol. II, (Histology, Part II), p. 571, N. Y., 1905.
[22]Hotz: Annals of Ophthalmology & Otology, 1893, p. 6.
[23]Eales: Birmingham Medical Review, July, 1880, p. 262.
[24]Watson: Transactions Oph. Soc. of U. K., Vol. I, p. 41.
[25]Hotz: Annals of Oph. & Otol., Vol. II, 1893, p. 6.
[26]Griffith: Lancet, August 6, 1904.
[27]Doyne: Trans. Oph. Soc. of U. K., Vol. VIII.
[28]Lang: Ibid.
[29]Mellinger: Zeh. Klin. Monatsb., Vol. XXIV, p. 404.
[30]Hotz: Annals of Oph. & Otol., 1893, p. 6.
[31]Thomas: Ophthalmoscope, July, 1905.
[32]Obermeier: Klinische Monatsb. fur Augen., March, 1901.
[33]Ziegner: Berliner Klinische Wochenschrift, April 1, 1901.

ADDRESS OF THE PRESIDENT OF THE SOUTHEAST MISSOURI MEDICAL SOCIETY.*

BY T. W. COTTON, M. D., VAN BUREN, MO.

I must confess that I am so deeply impressed with the great honor laid at my door by this association and at the same time so deeply sensible of my unfitness to properly perform the duties of the position, that I should on this occasion remain silent, had not custom otherwise decreed. The spirit of progress is everywhere apparent; the new is supplanting the old on every side; the machinery of ten years ago, then quite satisfactory, must soon be sold as old iron to make room for something more efficient. There are those still living who have had the pleasure of observing the transition from the stage coach, the horse car, the cable car, then the commodious electric car and speedy automobile. These are only specimens of the progress of the age that is showering its blessings in great profusion on all trades, crafts and professions.

The spirit of enterprise is no longer confined to the shores of the western world, but the nations of the eastern hemisphere have been aroused from centuries of lethargy and are borrowing ideas from the more up-to-date and modern.

A striking illustration is noted in the Russo-Japanese war, in which that little nation of Asia, with only forty-six millions of people, but with the latest improved equipment and modern methods, defeated the largest empire in Europe; an empire that has shed little lustre to the benefit of the world's enlightenment since the days of Frederick the Great.

The battle of Mukden perhaps exceeding in magnitude and gravity either Sebastopol or Austerlitz was a splendid victory for the "Sunrise" nation, which proclaimed through its emperor a few years ago, that "Knowledge shall be sought for throughout the whole world." That the medical and surgical features were also proficient is attested by the fact that after the battle of Liau Yang there were in the hospitals fifty-there were in the hospitals fifty-three thousand sick and wounded at one time, which after many days showed a mortality list of only three hundred and sixty-five. Again the tender care accorded their wounded prisoners, (the wife of the commander in chief on the field entering personally into the Red Cross work) excites the admiration of the whole world. But the greatest victory in the annals of history, one by the side of which all the brilliant achievements on the field of battle in the past, will pale into comparative insignificance is yet in the future, but bidding fair to consumma tion at the present time, is the In-

*Read at the Annual Meeting, Farmington, October, 1905.

ternational Peace Conference that is to settle all disputes and differences between nations and countries without bloodshed or loss of human life. "Never before have there been so many marked improvements looking toward permanent peace and the complete abolition of war, as in the last five years. Even during the last few months an unprecedented number of treaties of arbitration and friendly settlement of difficulties have been made between nations. In one distance where a boundary line has been the cause of a dispute of long standing and most irritating character, adjustment has been amicably made, and the new treaty line is guarded, not by a series of fortresses, but by a statue of Christ—the Prince of Peace—as a perpetual memorial of friendship now established between the two countries." The precept "to love thy neighbor as thyself" seems to be getting something of recognition among nations as it should have among individuals. As the wheels of progress roll along, the horror of war increases the conviction that war is unnecessary, and Tennyson's vision of the furling of the battle flags of the world will become a reality. A revision of the existing laws and customs of nations will follow, and there will result a "better, nobler, manhood, a sweeter, purer womanhood than any of which the poets have sung or dreamed."

In this evolution the American Republic holding aloft the beacon light of liberty to all the world, ever ready to pour oil on the troubled waters and conciliate peace and friendship between those who are otherwise disposed with an active chief executive must be the principal actor in this drama of nations.

Our own state of Missouri, among the most brilliant in the galaxy of states, geographically bearing the same relation to the other states that the hub does to the rest of the wheel, with the largest permanent school fund of any state in the Union, one-third of the state's revenue being set aside for educational purposes, is a source of pleasure and pride to her population of more than three millions of prosperous, progressive and patriotic souls.

That the attention of the world is attracted by our nation, is proven by the fact that, notwithstanding our rigid immigration laws, there have landed on our shores from all quarters of the earth in the last twelve months, ending June the 30th, a million immigrants, or about one-eightieth of our population.

Emerson says "Our whole national history appears like a last effort of Divine Providence in behalf of the human race, and that America is but another name for opportunity."

While science, art and invention have progressed by leaps and bounds, in this country the name of which is a synonym for opportunity, let us look at what is doing in the medical sphere, which is one of the three "liberal" professions; ministry, medicine and law, having long ago acquired the term liberal, because of their pursuits, preventing and curing sin, preventing and curing disease and preventing and curing legal wrong, and because the sons of religion, medicine and law have in all ages been permitted to follow their vocations as free men, "subject to no bond, with hands unfettered and tongues untied."

Some one has defined this trio in a little different manner as follows: "The ministry disposes in a satisfactory manner of a man's mind, medicine, summarily of his body and law most effectually of his estate." The profession that deals with man's body is the one that is of most concern to us at this time. The one which Mr. Gladstone distinguished as "the coming profession," that calling of which Matthew Arnold in his visit to this country said, "that he was impressed by the fact that it seemed to him the members of the medical profession surpassed those of divinity and law by their intelligence and power."

If these things be true, it is simply because the great advances made in medical science of late years have opened up new and splendid opportunities, which invite us to make ourselves equal to them. This can not be done by political organization or social influence, but must be done by industrious application and study.

The list of the "healers of men" is a long one, reaching back in an unbroken line to and beyond the time when Dr. Galileo laid aside the pestle and spatula long enough to exercise for a time his inventive faculties and thus gave to the world those very useful articles, the telescope and the microscope, by the aid of which both the minute and vast can be investigated. And this retrospect view suggests the Budha parable in the book of Max Mueller "The living are few, but the dead are many." Coming down to the modern extremity of this medical list, we note in the State of Missouri about six thousand persons who have the title Doctor of Medicine inseparably connected with their names. It is said that you can unfrock a minister and unwed a husband, but once a doctor always a doctor.

We are told that love is the only thing in the world that can reasonably justify marriage, because love is the only remedy that can overcome all the hardships, misunderstandings and unpleasantries incident to married life. If love and devotion to medical science are not the only incentives that actuate its really successful followers, in the broad sense, they certainly have a prominent place in the make-up of that inspiration, which move medical men to face physical hardships of the most pronounced type, yes, even the greatest dangers to life itself, such as are encountered in epidemics, infections and contagions of the various types; while other vocations, equally inviting in a financial way, less arduous and practically free from physical dangers, are open. Again, a physician's work, like virtue, must sometimes bring its own reward, a reward not in this world's goods, but one that consists of a consciousness of having made an honest effort to relieve suffering, restore to health the afflicted and lift the burden of anxiety and worry that accompanies almost every serious illness. It is a pleasure indeed to a medical attendant to perform such tasks for dependent patients, who are really deserving. "A man's life consisteth not in the abundance of things he possesseth" was the judgment of the wisest teacher of all time.

Doubtless most of you remember

the distinction drawn by Ruskin between the two kinds of work—work done for the sake of the fee, and work done for the sake of the work itself. I believe I am safe in making the statement, that in no other calling within the range of the pursuit of man, is there so much work done simply for the sake of the work, as is found in our profession. And I am not quite sure that the man who works largely for the sake of the work does not on the whole do better work than he who works exclusively for the fee. Be that as it may the man who makes enviable progress in any profession is the man who puts his whole self, his very soul, into his work; and a medical man who would put his whole being into his fee for the sake of the fee, would be a miserly creature indeed; for where a man's treasure is there will his heart be also.

Most physicians being actuated by that "feeling that makes the world akin" know that being kind to the poor and lenient to the unfortunate is a duty and usually a pleasure as well; like Boerhaave who said, "The poor are my best patients—God will be their paymaster." Again the lasting gratitude that sometimes emanates from this class of patients, is the source of a joy to a medical man that the wealth of this world can not purchase.

"The tissues of the life to be.
We weave with colors all our own,
And in the field of destiny
We reap as we have sown."

On the other hand, a "doctor must be clothed and fed, and support those depending upon him, just as other people do. The practice of medicine is the work of his life, it is as honest, useful and legitimate a branch of human industry as any other on the face of the globe; no man earns his means of living more fairly and often more dearly than the hardworked physician—consequently he should, of those who are able to pay, demand and secure just remuneration for his services."

The President of the United States in a recent address said, "The doctor gradually becomes the closest friend to more different people than would be possible in any other profession. The feelings that a man has toward the one human being to whom he turns when in time of sickness for himself, or what is far more important, in time of sickness of those closest and dearest to him, can not but be of a particular kind." The teacher is often mentioned as ocupying the position of *loco parentis*, but this intimate relationship that belongs almost exclusively to the medical work goes further in the physician's case and for the time makes him practically as a member of the family, in which capacity he comes into the closest and most sacred relations of life. He sees men and women in their hours of weakness; sees them when the judgment and will power are overthrown by disease; sees them when the intellect is so shattered and enfeebled by morbid conditions that its mastery may be partially or completely lost; and ignoble passions rule unchecked and unrestrained; he sees the trappings of greatness and the cloak that hides deformity dropped; he sees the book of the heart wide open, and hears conversations that would be cruel indeed to rehearse; he becomes the repository of all kinds of

moral and physical secrets: "Therefore in the practice of a great profession, which has become illuminated and exalted by the Christian ideals of the twentieth century, a physician should be a man of sterling integrity and stainless purity, chaste as the untrodden and unsunned snow;" for

"These are the virtues, these the ways,
That bring their own reward,
And to observe them all thy days,
Keep constant watch and guard.
He who from these his guidance takes,
Gives to the race the hope that makes,
The march of man sublime;
And each good deed, each wrong withstood,
Lives in its influence for the good
Throughout all coming time."

The cleaning up of Cuba, performing in a few months what had not been done in four hundred years, is now an old story, but the perennial reaping of that beneficent sowing is continually blessing myriads of people; to the lasting credit of the medical profession, because that work, as is well known, was superintended by Major-General Wood, who is a member of the medical profession.

Yet another and greater public enterprise is now in progress, the digging of the Panama Canal, and to show the import of the medical side of this vast undertaking, if you will permit me I will again quote from the President: "The Panama Canal is a work that only a big nation could undertake or a big nation could do; and it is a work for all mankind. The condition necessary for success in that work is having the proper type of medical work as a preliminary. That is the first condition upon the meeting which depends our success in solving the engineering and administrative problems of the work itself. I am happy to state that the medical work is being admirably done."

That this master stroke in civil engineering is going to be pushed to a successful termination, admits of little or no doubt, and the fact that it is the policy of this government that it shall be for the use of all nations and all people, is but another evidence of the magnanimity of the American nation.

It has been the misfortune of our southern states to have to battle with yellow fever, in a rather severe epidemic, in which more than thirty-two hundred cases have been reported, with a mortality list of about thirteen per cent., to say nothing of the great suffering and hardships imposed by the necessary quarantines, particularly upon the people of the infected district, but more or less on the whole country, by materially interfering with travel and traffic. Just what new medical knowledge of the disease has been acquired during this unpleasant experience of several weeks, it is at present too early to state, but the City of New Orleans is promising that this is to be the last epidemic to originate within her limits, and it is to be hoped that her promise will be kept in good faith.

We have around us gratifying evidences of prosperity; nature has supplied her accustomed yield of grain and fruits, the golden autumn is at hand and conditions favorable

to happiness abound; but in this life of ours bitter and sweet are so strangely blended that when our pleasures appear most complete, recollection often brings a tinge of sorrow.

I am informed that since our last meeting the chain of our membership has been broken, and some of the links have fallen away forever. Namely: Dr. C. A. Mann, of Perryville, one of the pioneer members and organizers and one of the hardest workers in the founding of this society, known not only for his medical, but his eloquent and political ability, for whom we all grieve; Dr. J. W. Johnson, of Caruthersville, who was a faithful young member.

In conclusion I desire to sincerely thank the members of the Southeast Missouri Medical Association for their very kind remembrance of me as shown by my election to the office of president at a time that I was absent from the meeting of the society.

DR. GREGORY AS A PHYSICIAN AND SURGEON.

BY DAVID C. GORE, M. D.

We have assembled to pay our respects to the honored dead, to speak of his virtues, to recount his noble deeds, to forgea the frailties of his race, to strive to emulate his example and pledge ourselves to the heroic task of keeping our noble profession up to the lofty standards which he created for it.

Death is the common leveler, the high and the low, the rich and the poor, the great and the small, the learned and the ignorant all meet upon this common plane, and all alike surrender at his call. In the democracy of the grave all men live equal, the dignity of position, the caste of wealth the neglect of poverty, the inequalities of society have all been surrendered and in the dominion of death all distinctions are forgotten,

And while to day we sigh
"Alas for the touch of a vanished hand
And the sound of a voice that is still."

let us turn from the shedding of tears and the signs of mourning to a contemplation of the bright example which has been left us by our departed brother, who full of years and of honors has gone on just a little before. Doctor Gregory was no ordinary man; in any sphere in life he would have been great, in his chosen profession he was superlatively great.

A great man has fallen and it is meet that his fellows should assemble, call attention to that greatness, draw a lesson from his career, endeavor to place our lives on a higher plane, encourage the race to grander deeds and embalm his virtues in our memories to be handed down to future generations.

In honoring Doctor Gregory we honor the race, for we do but call attention to those virtues the possession of which might make us great.

The occasions to memorialize a Doctor and his life come all too infrequent, his deeds, his triumphs, his victories, his momentous decisions involving questions of life and death are all in the privacy of the sick room, and no reporter awaits to herald them to the world, but in an earnest, honest, quiet way he goes about doing good among the children of men and when he goes out from among the people no longer to minister to their suffering, to alleviate their pains or to wipe the death damp from their brow, it matters not what his achievements may have been, what his offerings to the race may have been, he so far as the general public is concerned goes out unhonored and unsung save only in the grateful remembrance of some loyal souls to whom he may have administered and offered the cup of cold water. No Doctor's name adorns the Hall of Fame but the place is left for some less heroic name.

"In as much as ye did it unto the least of these ye did it even unto me" found its translation and its exemplification in the life and character of Doctor Gregory as it has in the lives of few men of our time, he loved humanity for humanity's sake, his skill, his learning and his tender sympathy were ever ready to be extended to the suffering of every class regardless of the fee to follow, in an age of commercialism when money is the universal standard and men are measured by their possessions Doctor Gregory soared above it and lived in an atmosphere where the acquisition of dollars never touched him, but only inquired what was best for the individual and consequently for the race.

He was entirely free from any ambition to operate just to say that he had operated and to be able to report so many thousand operations done, but when he operated it was for the purpose of saving life or limb, no individual ever applied to him for the relief of a fancied grievance and went away with a mutilated body without any corresponding benefit,he had to know that the operation was for the benefit of his patient or no operation was done, he was too busy with the serious affairs of his profession to be a trifler or a trimmer but those who sought his advice went away well satisfied that they had been given the best counsel with all the light which science as interpreted through an honest man could throw upon their cases.

He was not one of the greatest surgeons of the State; he was the greatest, great in conception, great in execution, great in the human sympathy he brought to bear in his work.

If success is to be measured by dollars, by buildings, by landed estates, by the pomp of place, by the trappings of wealth, then possibly Doctor Gregory's life was a failure, but if,

"True hearts are more than coronets
And simple faith than Norman blood."

then indeed was Doctor Gregory's life a success far beyond his fondest dreams. He was a great teacher, and the inspiration drawn from his teaching has been the foundation stone of the success of many of the most brilliant surgeons not only of the Mississippi Valley but of the entire nation. Recently one of the leading surgeons of your City told me that Doctor Gregory was frequently called into consultation with him and sometimes differed from him in the diagnosis and treatment of his case and it invariably transpired that Doctor Gregory was right and while at the time it sometimes hurt him to have Doctor Gregory advise him to revise his diagnosis and to reverse his treatment yet in the end he had always to go and thank the Doctor for the light he had given him. Doctor Gregory loved power, but it was power which knowledge confers and was never used to another's undoing, but with a tender kindly brotherly love he sought to impart that knowledge to others. The last time I remember to have seen or heard Doctor Gregory was at a meeting of the State Association at Sedalia several years ago, when he earnestly besought the younger surgeons of the State to quit running after fads and get back to

the well-trodden ground of true surgery where the footing was safe and sure, it sounded to me alike the voice of prophecy and revelation.

Doctor Gregory was always the young man's friend, (and he who is not and can not put his hand upon the shoulder of every young man with whom he comes in contact and say this is my friend has missed much in life), he was always ready to assist the young man with his counsel, his advice, when necessary with his pocket book and above all with his tender confidence. No young man ever applied to him for assistance and went away empty handed; advice, counsel, instruction, fatherly teaching, benediction, all flowed freely for the asking, indeed I have sometimes thought that Doctor Gregory kept young by making young men his associates.

He was a high type of citizen, but he always recognized that he was the best citizen who right nobly did his duty in his chosen calling.

He was a loyal friend and no man ever placed confidence in his friendship and had that confidence abused.

Above and beyond and through it all Doctor Gregory was a Christian, and strove earnestly to exemplify in his daily life the teachings of the Nazarene who went about doing good, and who declared "If I be lifted up I shall draw all men after me."

This probably explains the life of the skilful learned kindly fatherly loving man who recognized that,

"He prayeth best who loveth most
All things both great and small
For the dear God who loveth us
He made and loveth all."

DR. GREGORY IN HIS CIVIC CAPACITY.

BY HON. A. M. DOCKERY.

It has been a little more than forty years since I first made the acquaintance of Dr. E. H. Gregory. At that time we sustained the relation of teacher, pupil and friend. He was then a distinguished professor in the St. Louis Medical College—commonly known as Pope's Medical College. I was a young student, meager in money and accomplishments but ambitious to win success in life.

During the more than four decades since our initial friendship my admiration for him has grown with his expanding achievements and strengthened with his ever increasing fund of lovable characteristics. It is therefore, a melancholy pleasure to unite with you in paying a suitable tribute of respect to his pre cious memory.

As physician, surgeon and benefactor of the human race,he attained national distinction. As citizen, friend and churchman his delightful traits of character were known of all men.

In every movement looking toward the upbuilding of this great

city and of our commonwealth he was among the foremost in civic pride. His splendid intellectuality, broad philanthropy and graces of symmetrical manhood have contributed much to make this the chief City of the Louisiana purchase. In the half century of his residence here he has seen an increase of population, a development of industrial enterprise and an accumulation of wealth greater than all the Colonies possessed when England lowered her flag at Yorktown in acknowledgment of the culminating triumph of the American armies.

As a friend there was none more courageous and loyal. He loved his friends and was bound to them by ties of sincere affection.

A zealous churchman, since young manhood he was identified with the great Catholic church and a powerful agency in the practical work of that world wide organization.

Although the civic accomplishments of our departed friend have been especially assigned me, I feel that I knew Dr. Gregory more intimately in the quiet circle of friendship and of professional life.

He began the practice of his profession as a "Country Doctor." The Country doctor belongs to a class of physicians inured to "rough habits" and sometimes to "coarse diet," but as forceful and influential in the management of affairs as any other class engaged in gainful avocations. I have seen the Country doctor, in the pursuit of his profession out on the hills and the prairies of beautiful Missouri. It mattered not how tempestuous the night or how dreary the day, whether the patient was rich or poor, these faithful men were always ready to respond with alacrity to the calls of suffering humanity. Strong in the wealth of good common sense and expansive in their charities they ministered with gentle presence at the bedside of the sick. They were open handed in acts of beneficence to the widow and the orphan.

Amid these surroundings of his early life, Gregory laid the foundation of that marvelous professional career stretching back for more than half a century.

Sprung from the plain people it was inevitable that he should develop a self reliance so essential to success in any calling.

I come today to lay a flower upon the grave of my good friend. It is the occasion of real pleasure in this instance that all the flowers, as is frequently the case, were not reserved for the casket. So gentle, so lovable, so exceptional were the services of E. H. Gregory to humanity that many flowers were showered upon his pathway while he was yet with us. I rejoice that this is true. The great profession he honored by an amiable and virtuous life and by eminent successes recognized the semi-centennial of his distinguished career at a banquet given in his honor in this city. The inspiring story of his private and public life was the theme of gifted speakers on that memorable occasion.

But mortality has put on immortality. The great physician has reached the close of this wonderful life and entered upon a still more wonderful life, enduring as eternity.

DR. GREGORY AS A ST. LOUISAN.

BY W. G. MOORE, M. D.

If, as Emerson says, to be simple is to be great, then, indeed, we have come to memorialize a great man. His life was simple and the elements so mixed in him that nature could stand up and say to all the world, "This is a man." And like the Great Physician before his accusers, no man within the limits of this city, state or nation can say, "I find fault in this man." He was indeed a most remarkable character. If to live in the hearts we leave behind is not to die, then Dr. Gregory is as much present on this afternoon as he has been on many occasions when we have honored him. As a St. Louis an Dr. Gregory needs not a word from me; as a Missourian his name is a household word; as an American his name is known from one end of the nation to the other as the once time honored president of the American Medical Association. He was at one time president of the Missouri State Medical Association and of the St. Louis Medical Society and every honor was accepted with the humility that was characteristic of his life. I remember meeting Dr. Gregory one day on the street and after greeting him and complimenting him on his appearance, he said, "My sun is fast setting but there is one thing I wish to say to you and that is, that I have lived my life hoping to *deserve* the commendation of my fellow man." What finer encomium could be passed upon any man than that he was living to deserve the good opinion of his fellows. As a St. Louisan Dr. Gregory was the embodiment of good citizenship, of friendship, of the physician's life, of the public servant. There was no position in which he was placed that did not receive benefit because of his occupancy. I share with him a common birthplace; he was born in old Kentucky. More than sixty years ago he left his native place but today the reflections of his life go back to honor the humble home in that old state. His life has been a long, splendid day. His sun has set leaving behind it a halo of glorious memories and noble deeds. No peans of praise that we might sing can make his rest more peaceful or his sleep more profound and in this closing moment I would hold him up as an example and say, let your lives be so ordered that when the evening comes you can "wrap the draperies of your couch about you and lie down to pleasant dreams."

DR. GREGORY AS A MEDICAL TEACHER.

BY F. J. LUTZ, M. D.

When impartial estimate shall be made by the future historian of the medical men in St. Louis, of the position which Dr. Gregory shall occupy, next to the singular purity of his long and useful life, his position

as a teacher of medicine and surgery will fall heaviest in the scale. With inherited tendencies for teaching—his father taught school and an uncle on his mother's side taught medicine—Dr. Gregory began early in his career to teach medicine by first teaching himself. It has been well said that Dr. Gregory sprang from the common people, and the common people in those days all braved the difficulties, the troubles and the storms of a new country. He began the practice of medicine after having attended but one course of lectures and with pardonable pride he related to those who were his confidants, how his first book case was a shelf which he himself had hewn. When he came to St. Louis and graduated he immediately began to teach. He taught anatomy for fourteen long years and when finally a position for teaching surgery became vacant, the faculty of his college naturally turned to Dr. Gregory as the most able man who had laid the foundation for the proper teaching of surgery in the study of anatomy.

The limited phase of Dr. Gregory's life as a teacher has been assigned to me, because perhaps, that I like most of you, was one of his pupils and that, like you, I was carried away with enthusiasm, admiring his erudition, his discernment and his conservatism. He taught the principles of surgery and was a great teacher.

He was a great surgeon because he understood the principles of surgery. There were many more clever operators, there were better mechanics in his day and before him, I dare say, with due respect to my colleagues, that there are today better mechanics among them than Dr. Gregory, but there never was a better surgeon. There never was a surgeon who better understood the deviations from the normal than Dr. Gregory, because his knowledge was based on experience acquired in the practice of medicine and in the anatomic laboratory. He did not learn surgery by practising upon his patients what he should have learned before he began the practice of surgery.

Dr. Gregory did not belong to that class of men who introduce striking new ideas or new methods of thought or discover unsuspected treasures of knowledge; he was rather one of those teachers who have a faculty for clearing, for crystalizing, for presenting in simple form the most difficult problems with which the medical man is concerned, and those who had the pleasure of sitting at his feet as students will recall how clearly, comprehensively and simply he presented the most difficult problems. He had a philosophic grasp of the science and practice of medicine. He diffused knowledge which he had sifted and verified and he incited others to medical work. He possessed in an extraordinary degree the faculty of simplifying, systematizing and imparting knowledge.

He taught not only in the lecture room. Those of us who began the study of medicine many years ago hardly realize the position of the student of today. Then walking the

wards was one of the methods of imparting knowledge. Dr. Gregory taught surgery at the bedside, and he taught it in a more impressive manner than any teacher it has ever been my pleasure to follow. His wonderful sagacity in making a diagnosis made it to the young mind so simple that rarely a student left the college but he was determined to become a surgeon.

But he taught more than surgery; he taught the duties and responsibilities of medical men to themselves.

Dr. Gregory possessed few, if any, of the characteristics of the leader. He was not an aggressive man, he was not a bold man; he was shrinking in his disposition and yet in the thirty years of my knowledge of him no name was one to conjure with like Dr. Gregory's. The flag placed in his hands by the profession of the state had more followers because he bore it, and he carried the flag and had more followers because every man who knew his name was convinced that he stood for what was highest, for what was best in the profession. He was a "no compromise" man. He never yielded a principle. When there were dark days for the profession, when legislative enactments had been passed and the profession was divided as to the wisdom of the enactments, when the then chief executive looked about for a man of sufficient caliber to have placed in his hands this power, dangerous as well as beneficial, all eyes looked to Dr. Gregory and he said: "Dr. Gregory you must accept the Presidency of the State Board of Health." Dr. Gregory replied, "I have never shirked a professional responsibility. I am incompetent to do this work. I have no executive ability, but if my profession calls me, I will do the best I can." He started the organization for the benefit of the profession and the citizens of this state. He taught us to organize ourselves. He was one of the most regular attendants at the St. Louis Medical Society until advanced age compelled him to attend less frequently. Twice he was elected its president, many times its representative to the national conventions. Always a faithful attendant upon the meetings of the State Association, he taught us that by unity, by organization we could accomplish more readily that high mission which is ours, and he taught long after he ceased to practice medicine.

He had seen the changes from the day when chloroform and ether were just being introduced into general practice down to the day when modern surgery was placed almost upon a scientific basis.

He always spoke of himself as an old man. He was an old man thirty years ago—to hear him tell it—but he was abreast of his times and he was young and remained in contact with the young. No man could teach surgery for fifty years without being a friend of the young man, and who that was his student, who that came in contact with him but was his friend. It would ill become some of us to recite in public what we owe to Dr. Gregory. I will only say that no young man ever asked the advice or the help of Dr. Gregory who was

not accorded it fully and to the best of Dr. Gregory's ability.

He loved his profession, he loved his city, he was in love with the teaching of his profession. He taught surgery at a time when only the sluggard, when only the dull fellow, was obliged to attend college for more than two full terms of four months. Gradually the standard of our professional attainments was raised and he kept pace with the advancement of medical education and was in the forefront when it meant financial loss each year for him to be a teacher of surgery.

Those of us who were admitted more intimately to the enjoyment of his society during the later years of his life cannot but recall with pleasant emotions his discourses which breathed the full sense of restfulness and sweetness of memory directed backward over a long and well spent life. He enjoyed to its full extent life. His career was well rounded and complete.

Much of what I have said is commonplace but it is Dr. Gregory as I saw him, and I saw him long and I saw him often. I know that he was not unkind to anybody, that he loved his profession, that he was proud of those ideals which to him were a daily inspiration; and if good deeds, if constancy, if fidelity to the standards by which we measure men count for anything, then, indeed, Dr. Gregory had no equal.

BRIEF REMARKS.

BY A. W. MCALESTER, M. D., COLUMBIA.

I did not come to this memorial service as a speaker upon this occasion; hence my remarks are impromptu.

Did I not, Mr. President, arise at your request I would be recreant in my duty as a former pupil, not to pay my respect and show my love for one who stood so prominent as a teacher in medicine. Of him, much might be said; much might be written; but his fame rests in the arduous labor of things done. He labored to impart in a clear and concise manner the truths in medicine which he had accumulated as the result of long years of toil and research. He taught the great principles of surgery and showed the details in a given case. He tried and proved all things and held fast to that which was good. Of him it might be truthfully said that he never performed an unnecessary operation. A happy thought. All these things marked him as a great teacher. His fame extends to wherever medical literature is read and will extend to wherever the good names of good men go. It has been truly said, his life was one of faith, hope and charity. Many are the witnesses here to testify to his love for mankind.

"Cold in the dust the cherished heart
may lie,
But that which warmed it once, can
never die."

Journal Missouri State Medical Association

The Official Organ of the State Association and Affiliated County Societies.
Published Monthly under the supervision of the Publishing Committee

ADDRESS ALL COMMUNICATIONS TO 534 NORTH VANDEVENTER AVENUE, ST. LOUIS.

Volume II. MAY, 1906. Number 11

C. M. NICHOLSON, M. D., EDITOR
E. J. GOODWIN, M. D., ASSOCIATE EDITOR

PUBLICATION COMMITTEE:
C. M. NICHOLSON. F. J. LUTZ. B. M. HYPES.
WALTER B. DORSETT.

EDITORIAL.

THE JEFFERSON CITY MEETING.

The indications are that the coming meeting of the Missouri State Medical Association will be the largest and most enthusiastic ever held by the Association. The scientific work will be held in two sections. The medical section in the House of Representatives and the surgical section in the Senate Chamber. Besides the President's address, oration on surgery and oration on medicine more than sixty papers will be presented.

Jefferson City is probably the most desirable place in the State for the annual meeting, not only because the capitol building furnishes a most excellent meeting place, but the hotel accommodations are better than in any other town of its size in Missouri.

The railroads have made a rate of 1½ fare for the round trip, and it is expected that special trains will be run from St. Louis, Kansas City and St. Joe. It was the intention of the Association to have no entertainments, but the Cole County Medical Society, which constitutes the committee on arrangements, have decided to have a reception at the Governor's mansion on the evening of the second day, a visit to the penitentiary and supper for all in attendance. On the afternoon of the last day, after the conclusion of the scientific program, the members of the association will be treated to a carriage drive and luncheon at the park.

The membership of the State Association is considerably over 2,000 and it is fully expected that at least 750 will be in attendance. It should be not only the pleasure but the duty of every medical man in the State to make an effort to have this the most successful meeting the Association has ever known.

MALPRACTICE SUITS.

The prevalence of malpractice suits emphasizes the much needed reform in this phase of legal medicine. While the payment of damages is not so frequent, yet the inconvenience, and loss of time brought about by the wiles and trickery of the unprincipled attorney are exceedingly annoying to the busy physician. The length of time in which such a suit may be brought against the physician is conducive to such prosecution. These prosecutions are usually brought some years after the alleged injury or maltreatment and frequently the physician has all but forgotten the patient and unless he has kept an accurate history, cannot recall the circumstances connect-

ed with the case. The period in which prosecution may be brought about varies in different states, from two to six years. In Missouri it is five years. There are few doctors who at the end of five years will be able to recall in detail the history of the case even though he has kept a record. Moreover in these five years complications might occur which are not at all incidental to the case. Again the nurse in charge and his assistants may have gone to some distant city so that it is difficult to get the testimony as to what was done. Therefore, the length of time in which suit may be filed should be reduced to a minimum. In Wisconsin notice must be given of the proposed legal action within one year. Better still is the law in Delaware which states that suit must be brought within one year to recover damages. One year is a reasonable length of time as it gives the physician an opportunity to look up the details incident to the case and to call for the testimony of those who assisted in taking care of the patient. The physicians over the State should agitate this proposed revision for it is simply a step urged in self defense. The physician may style himself most fortunate if he is not some time in his career a defendant in a malpractice suit and it is incumbent on him to have everything possible in his favor, for it is a notorious fact that in some localities a physician defendant in court is but meat to the jury, so it is necessary that as far as possible he should erect the strongest possible barrier for his defense. It is hoped that the next legislature will give this problem due consideration and something be done towards eliminating this five year limit in which under the present law action may be brought. The Committee on Public Health and Legislation of the Missouri State Medical Association should be composed of men who will devote much time and labor to the passage of this law of greatest importance to the profession.

NOTICE.

To all Graduates of Rush Medical College. There will be a banquet held in the dining room of the Madison House, Jefferson City, on Wednesday, May 16th at 6 o'clock p. m., the second day of the meeting Missouri State Medical Association. All Rush Members are urged to be present. Dr. J. M. Dodson, Dean of Rush Medical College, will be present with all the news from our Alumni Mates and a rousing good time is assured.

Come to Jefferson City, May 15, 16 and 17.

(Signed) Committee.

REPORT BLANKS.

Early last month addressed return post cards were sent to the secretary of every affiliated society in the State requesting that he fill out the blanks and return. In some instances this has not been done. It is to be hoped that the information will be forwarded without further delay.

ANNUAL DUES.

With few exceptions the affiliated county societies through the proper officer, have furnished rosters of members and forwarded to the sec-

retary of the State Association, dues for 1906. It should be borne in mind that the names of additional members may be added to the list up to May 18th at which time the Journal containing a complete list of members will go to press.

In several instances individual members have sent dues but in each case the amount has been returned as dues cannot be received through others than the proper officer of an affiliated society.

PURGING THE PROFESSION.

The Committee on Public Health Medical Society has reported the progress made and the results likely to be attained as a result of the action recently taken by the Society in employing counsel for the purpose of purging the profession of charlatans. Prior to the action thus taken the society had already authorized attorney Barth to prosecute certain violators of the ordinance forbidding obscene newspaper advertisements, and several physicians had been arrested on information charging a violation of this ordinance. It was stipulated that the case against Dr. Nathaniel K. King might be accepted as the test case and the others then pending bide the result of that case. Dr. King had advertised the treatment of venereal and all private diseases of men. The defense admitted the publication but attacked the constitutionality of the ordinance. The case was tried and argued before Judge Tracy and defendant was fined. The case was appealed to the court of criminal correction where "Dr. King" suffered a similar fate at the hands of Judge Hiram Moore. The case was then appealed to the Supreme Court of the State where it is now pending. Thereafter the attorney was authorized to proceed against the newspapers which published this obscene matter. Informations were prepared and presented against all of the newspapers in the city, but here again, the constitutionality of the ordinance having been brought into question, it was considered proper by the authorities to proceed against only one of these. It resulted that 'the St. Louis *World*' was selected as the publication against which the information should issue and accordingly it was brought into court to answer charges for violation of the city ordinance. Recently a fine was adjudged in this case and the '*World*' promptly appealed These prosecutions successfully begun, soon bore their fruit. Advertising physicians hesitated to continue in their flagrant violations of the law, in spite of the fact that they had put at issue the question of its constitutionality, and the newspapers began to discourage the use of terms which stamped the advertisements so inserted as being clearly obscene and illegal. The consequence is that the space devoted to this sort of advertising has materially decreased, with the farther result that the business of many of these advertising physicians has been diminished by almost one-half. Realizing that a beginning had been *really* made, that *results* had actually been accomplished, the society

took active steps looking to the ways and means for continuing the crusade. The committee on public health and legislation together with a special committee, were appointed and authorized to receive funds to this end. On the 24th of March a resolution was adopted directing Mr. Barth "to proceed actively to secure the enforcement of the law against persons engaged in illegal or criminal forms of medical practice." Scarcely a month has elapsed since the attorney was empowered generally to act, yet the committee briefly reported the following results attained: On April 12th at the meeting of the state board of health in this city the licenses of two midwives and one physician were revoked on the ground of "dishonorable and unprofessional conduct." Of these Anna Newland and Abram Peeler had been convicted in the Federal Court for sending non-mailable matter through the mails and for advertising medicines and devices for the prevention of conception. Matilda Meyers, the other, had been convicted in the State Court for procuring an abortion. Though convicted criminals, these charlatans were suffered to continue unmolested in the practice of the profession. They were heard before the board with the result that they must now forfeit their professional privileges. Should they practice again they will be prosecuted under the law forbidding the practicing of medicine, surgery or midwifery without a license from the board. Another midwife, Mary Murphy, had been served with charges requiring her appearance before the board at the same time, yet on request of her attorney the case was continued until its meeting in Kansas City on May 2nd. Here it may be said that it will be the policy of the committee as advised by its counsel to attempt to secure the revocation of license through the board of health in preference to convictions in the courts. The end sought to be attained is the forfeiture of professional privileges belonging to those who are proved to be unworthy to have them. There is no purpose to be vindictive. A revocation of a license accomplishes this end without the necessity of a criminal conviction. Moreover, the latitude of investigation is broader before the board, but as regards the character of the offense charged and the method of procedure, what might not be established as a crime in the courts may yet be proved to be "dishonorable or unprofessional conduct" befor the board. In addition to the revocations already had, nine midwives have been arrested on information charging their advertising as physicians. These advertisements easily deceive the unsuspecting girl who in the faith thereof would seek the treatment of a lady physician, whereas in fact she is under the care of a midwife only. One of these has already plead guilty and has been fined; the others will be heard the first and second week in May in the Court of Criminal Correction. Further, the attorney has now prepared an information for the ouster

of so-called "Medical Companys" from the exercise of corporate franchise. This will be filed early next week and will test the right of individuals to unite in corporate form for the purpose of practicing medicine and surgery. It is needless to add that a final decision on this question will be far-reaching. As further evidence of progress it may be said that negotiations have been in course with the postal authorities looking to their assistance for prosecutions in the illegal use of mails. Postmaster General Cortelyou has given every assistance to our attorney and stated that careful attention would be given any evidence of the violation of the postal laws. In addition the committee has authorized the attorney to prepare a brief to be submitted to the Attorney General relative to the construction of the statute regulating the practice of midwifery. Other matters are being considered which must be the subject of a later report. Legislation both city and state is needed to correct and supplement the inadequacy and inefficiency of the present laws. The attorney is just now considering the drafting of an ordinance aimed to reach a certain class of charlatans who may escape under the law as it now stands.

The field of action is immense. It broadens as the work progresses. But the evils must be eradicated. No efforts should be spared, no stone left unturned. We urge that every physician cherishing the ideals of his profession report to this committee every case which may furnish evidence of crime perpetrated or of conduct unprofessional or dishonorable and the matter will be promptly referred to the attorney for action. We recommend that a fund be raised in keeping with the great importance and stupendous character of the undertaking. We would stamp out every vestige of the nefarious practice of the traitor to his calling. We would purify the profession and strike at him who in his crime undermines society and retards civilization and progress. Discourage race-suicide by educating and arousing the public; prevent abortion by making it possible to punish him who shames his profession and does violence to the laws of his state.

Will the Missouri State Medical Association insist in having passed by the next legislature an act in substance as follows:

A MODEL "ACT."

TO REGULATE THE MANUFACTURE AND SALE OF "PATENT" AND "PROPRIETARY" MEDICINES.

BE IT ENACTED by the legislature of the State of Missouri.

Section 1. Each package, bottle, box or other parcel containing what is commonly known as a "patent" or "proprietary" medicine of any kind or in any form, intended for internal consumption by human beings, other than a medicine specially compounded upon the written order or prescription of a physician duly authorized to practice his profession in this State, which shall be hereafter manufactured within this State, or which shall be hereafter manufactured without this State and exposed or offered for sale or

sold or given away, or otherwise disposed of, within this State, shall have both on the outside wrapper of such package, bottle, box or other parcel, in plain English, printed in black letters on white paper, of a size not smaller than of type eight point, so called, a complete schedule showing all the ingredients contained in such "patent" or "proprietary" medicine, and the exact proportions of each ingredient thereof.

Section 2. Whenever any such "patent" or "proprietary" medicine shall contain more than eight per cent. of ethyl alcohol, or more than one-twenty-fifth of one per cent. of morphine, heroin, cocaine, or of the salts or equivalents or derivatives of the same or any quantity of belladonna, cotton-root, ergot, or other abortifacient, there shall be printed in plain English, in red letter of a size not smaller than eight point, so called, on white paper, in addition to the schedule of ingredients hereinbefore required, both on the out side wrapper of the package, bottle, box, or other parcel containing the same, also on the label affixed to such package, bottle, box or parcel, a notice reading as follows:

"This package (or bottle or box or parcel as the case may be), contains (here give the name and proportion or percentage of the drug as the case may be), and is therefore under the Act of the Legislature of the State of Missouri marked "POISON" and also the single separate word "Poison" which shall be printed separately on a line by itself, in bold-face type,and in letters not less than one-quarter of an inch high.

Section 3. The Board of Health of this State is hereby empowered, immediately upon the passage of this Act and from time to time, thereafter,to make or cause to be made, a chemical analysis of "patent"or "proprietary" medicines, manufactured, or exposed or offered for sale, or sold or given away,or otherwise disposed of, within this State for internal consumption by human beings, other than those specially compounded upon a physician's written prescription as aforesaid. If any such analysis shall show that there has been, with respect to any such "patent" or "proprietary" medicine a failure to comply with the requirements of this Act, said Board shall at once notify the District Attorney of any county in this State in which the said "patent" or "proprietary" medicine is manufactured, or exposed or offered for sale, or sold or given away, or otherwise disposed of, whose duty it shall be to prosecute the person, firm or corporation so violating the provisions hereof.

Section 4. Any changes, either in the ingredients or in the proportions or percentages of the ingredients in any such "patent" or "proprietary" medicines manufactured within this State, shall be at once reported by the manufacturer thereof to the Board of Health of this State.

Section 5. Any person, firm or corporation who shall manufacture, or expose or offer for sale, or sell, or give away, or otherwise dispose of any such "patent" or "proprietary" medicine within this State in violation of the provisions of this Act, or any of them, shall be guilty

of a misdemeanor and on conviction thereof shall be punishable therefore by a fine of not less than fifty dollars ($50) nor more than five hundred dollars ($500), or imprisonment for not less than thirty (30) days nor more than six (6) months or both.

Section 7. All Acts or parts of Acts inconsistent herewith are hereby repealed.

Section 7. This Act shall take effect on the.....day of.....1906.

A BATTUE OF QUACKS.

THE PERNICIOUS QUACKS.

who have been operating in alliance with certain newspapers have met with a wholesale calamity in New York. The United States postal authorities, the police, and the County Medical Society bowled fifty-two of them over in one day. These persons had all depended upon newspaper publicity for the means of carrying on their criminal trade. Their column was one of the richest sources of revenue possessed by each of their journalist allies. One day a Post-office Inspector took one of these organs of public enlightenment, went down the medical column, and wrote fifty-two letters, each signed "Hattie Sanderson," and each detailing such symptoms as always appeal to the predatory instincts of an advertising quack. He got fifty-two replies. Thereupon all the writers were notified that if they wanted their letters they must come to the Post-office and be identified. Forty-three came and were told that their mail would be held until they made affidavit that it belonged to them. Not one of them would take the risk of committing himself to such a statement.

The Post-office Department promptly denied the use of the mails to the entire lot of fifty-two medical letter-writers. Better yet, it moved upon their journalistic accomplices. The three newspapers that had fattened upon the sufferings of credulous ignorance were sharply notified that unless they stopped advertising the blacklisted fifty-two they would have to circulate their issues without the help of the postal service. The advertisements were immediately dropped, and those papers became cleaner than their readers had seen them for many a year. Incidentally, three of the quacks were indicted; others took hasty excursions to distant climes, and others confessed and promised to reform. Some refused to give up and tried to keep their hold on their business with the help of fresh advertisements. If they fail in this they must seek some other form of knavery, for the quack doctor business can not be made to yield wealth without newspaper help.

Incidentally, the way of the vender of "proprietary "braces" has been made hard in Connecticut. Under the recent ruling of the United States Commissioner of Internal Revenue, druggists and others who sell alleged medicines containing more than a certain percentage of alcohol must take out retail liquor dealers' license. Although that is unpleasant for the dealer, it can be borne, as such a license costs only $25. But now the County Commis-

sioners of Connecticut have decided that every store-keeper who takes out a national license must get a State license too, and that is a commodity that costs from $250 to $500 a year. The logic under Connecticut's action fits all other states equally well. In high license states it means high license for the dispensers of Peruna Cocktail and in prohibition States prohibition. It would be practical prohibition in many regions, for the alcoholic medicine habit has to be pretty widespread before it can make a double license profitable.—(*Collier's Weekly*).

WANTED.

A copy of the British Medical Journal, issue of January 17, 1903, to complete our files. Address

St. Louis Medical Library,
3525 Pine St., St. Louis.

OBITUARY.

IN MEMORIAM.

Dr. C. A. Snodgras was born on a farm in Jackson County, Missouri, in 1858, and died in St. Louis April 6th, 1906. Dr. Snodgras was for many years principal of the high school of Marshall, Mo. While a school teacher in Marshall he married Miss Anna Gamble who with his two children, Alvin and Dorathy, survive him. Dr. Snodgras came to St. Louis in 1898 and while still a medical student was appointed city bacteriologist; later he was appointed health commissioner. He had not passed on life's highway, the stone that marks the highest point; but being weary for a moment, lay down by the way side, and using his burden for a pillow, fell into that dreamless sleep that kisses down the eye lids still. While yet in love with life and raptured with the world, he passed into silence. This brave and tender man in every storm of life was oak and rock; but in the sunshine he was vine and flower. He loved the beautiful, he sided with the weak, the poor, the wronged, and lovingly gave alms. With loyal heart and with the purest hands he faithfully discharged all public trusts. Life is a narrow vale between the cold and barren peaks of two eternities. We strive in vain to look beyond the heights. We cry aloud and the only answer is the echo of our wailing cry. From the voiceless lips of the unreplying dead there comes no word; but in the night of death, hope sees a star and listening love can hear the rustle of a wing. There was, there is, no gentler, stronger,manlier man.

MISSOURI STATE MEDICAL ASSOCIATION.

Jefferson City, May 15, 16, 17, 1906.

OFFICERS. 1906.

PRESIDENT.

D. C. GORE, M. D. ..... Marshall, Mo.

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J. P. BURKE, M. D. ..... California
F. A. GLASGOW, M. D. ..... St. Louis
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G. Ettmueller	J. A. Hill.	E. R. Son.
J. L. Thorpe.		S. C. Yates.

COMMITTEE ON SCIENTIFIC WORK.

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PUBLICATION COMMITTEE.

C. M. Nicholson, F. J. Lutz, B. M. Hypes, W. B. Dorsett.

COMMITTEE ON PUBLICATION AND LEGISLATION.

F. J. Lutz. W. S. Allee. H. E. Pearse.

COUNCILLOR DISTRICTS.*

First District—F. B. Miller, Kahoka. Counties: Clark, Scotland, Schuyler, Adair, Knox, *Lewis*.

Second District—J. D. Brummall, Salisbury. Counties: Linn, Carroll, Chariton, Livingston, Grundy, Sullivan, Mercer, Putnam.

Third District—E. H. Miller, Liberty. Counties: Clay, Ray, Platte, Clinton, Caldwell, Gentry, Harrison, Worth, Daviess, *DeKalb*,

Fourth District—C. H. Wallace, St. Joseph. Counties: Buchanan, Holt, Atchison, Nodaway, Andrew.

Fifth District—L. W. Dallas, Hunnewell. Counties: Macon, Shelby, Marion, Randolph, Monroe, Ralls.

Sixth District—Woodson Moss, Columbia. Counties: Audrain, Callaway, Montgomery, Warren, Pike, Boone, Howard, St. Charles.

Seventh District—W. B. Dorsett, St. Louis. Counties: St. Louis, Lincoln.

Eighth District—F. J. Lutz, St. Louis. Counties: Franklin.

Ninth District—B. M. Hypes, St. Louis. Counties: Jefferson, Washington, Reynolds, Iron, Perry, St. Genevieve, *St. Francois*.

Tenth District—J. J. Norwine, Poplar Bluff. Counties: Mississippi, New Madrid, Wayne, Stoddard, Dunklin, Butler, Ripley, Carter, Pemiscot.

Eleventh District—W. D. Porterfield, Jr., Cape Girardeau. Counties: Scott, Madison, Cape Girardeau, *Bollinger*.

Twelfth District—W. S. Allee, Olean. Counties: Miller, Morgan, Maries, Cole, Moniteau, Camden, Osage, Gasconade.

Thirteenth District—R. D. Haire, Clinton. Counties: Pettis, Lafayette, Henry, St. Clair, Benton, Saline, Cooper, *Hickory*.

Fourteenth District—M. P. Overholser, Harrisonville. Counties: Jackson, Cass, Bates, Johnson.

Fifteenth District—A. R. Snyder, Joplin. Counties: McDonald, Newton, Jasper, Barton, Cedar, Vernon, *Dade*.

Sixteenth District—R. L. Johnson, Rolla. Counties: Crawford, Phelps, Pulaski, Laclede, *Dent, Dallas*.

Seventeenth District—J. E. Tefft, Springfield. Counties: Greene, Lawrence, *Christian, Stone, Barry, Webster, Polk, Taney*.

Eighteenth District—H. C. Shuttee, West Plaines. Counties: Howell, *Ozark, Oregon, Texas, Wright, Shannon, Douglas*.

*Counties in italic are unorganized.

HOUSE OF DELEGATES.

COUNTY.	DELEGATE.
Adair	A. E. Grim
Andrew	D. B. Bryant
Audrain	R. W. Berry
Barton	T. H. Duckett
Bates	A. E. Lyle
Benton	S. O. Davis
Boone	A. R. McComas
Buchanan	T. H. Doyle
Butler	Ira W. Seybold
Caldwell	Tinsley Brown
Callaway	N. F. Baker
Camden	S. Mills
Cape Girardeau	R. F. Wichterich
Carter-Shannon	P. D. Gun
Cass	J. S. Triplett
Cedar	Chas. A. Edgar
Chariton	J. H. P. Baker
Clay	H. Rowell
Clinton	Robt. W. Rea
Cole	J. L. Thorpe
Cooper	R. L. Evans
Daviess	H. E. Songer
Franklin	Chas. F. Briegleb
Gasconade-Maries-Osage	W. E. Seba
Gentry	C. N. Barger
Grundy	W. H. Winningham
Harrison	A. H. Vandivert
Henry	Wm. H. Gibbins
Holt	B. T. Quigley
Howard	C. O. Lewis
Howell	J. W. Bingham
Iron	Ira E. Marshall
Jackson	F. L. Cook
	N. P. Wood
	J. M. Frankenburger
	William J. Frick
	Herman E. Pearse
	F. E. Murphy
Jasper	R. L. Neff
Jefferson	A. H. Hamel
Johnson	J. I. Anderson
Knox	Henry J. Jurgens
Laclede	J. A. McComb
Lafayette	C. T. Ryland
Lawrence	C. A. Moore
Lincoln	C. D. Avery
Linn	D. F. Howard
Livingston	Reuben Barney
Madison	S. C. Slaughter
Marion	Thos. Chowning
Mercer	Chas R. Buren
Miller	W. S. Allee
Mississippi	G. R. Wallace
Moniteau	W. R. Patterson
Monroe	T. B. Lloyd
Morgan	A. J. Gunn
Newton	R. C. Lamson
Nodaway	E. L. Crowson
Pemiscot	M. D. Hendrix
Perry	J. W. Russell
Pettis	W. J. Ferguson
Phelps	S. L. Baysinger
Pike	T. Guy Hetherlin
Platte	Spence Redman
Putnam	J. A. Townsend
Ralls	T. J. Downing
Ray	C. B. Shotwell
Saline	J. E. Harris
Schuyler	W. F. Mitchell
Scotland	A. E. Platter
Shelby	Charles Chapman
Ste. Genevieve	G. M. Rutledge
St. Louis	Roy D. Moore
St. Louis City	P. Y. Tupper
	J. S. Myer
	J. C. Morfit
	W. W. Graves
	W. H. Stauffer
	M. B. Clopton
	H. W. Soper
	F. L. Henderson
	John Green, Jr.
Stoddard	T. C. Allen
Vernon	J. Robert Buchanan
Washington	W. S. Smith
Wayne	W. F. Bailey
Worth	W. E. McKinley

NOTICE.

Medical and Surgical Section will be held at the Capitol Building.

Physicians in attendance will please register with the Registration Committee immediately upon their arrival.

It is necessary for the certificate to bear the signature of the Secretary and Joint Agent before it will be honored by the ticket agent for reduced return fare.

It is especially desired that the members be prompt in their attendance at all sessions, which will be called to order at the hour fixed on the Program.

All papers must be typewritten and should be handed to the Secretary of the Section as soon as read.

No paper will be allowed to occupy more than twenty minutes in its reading. Speakers designated to open discussion may speak seven minutes, general discussion five minutes, and ten minutes for closing the discussion by the essayists. No one may speak the second time on one subject without the unanimous consent of the members present.

MEETING PLACES.

Surgical Section meets in Senate Chamber.
Medical Section meets in House of Representatives.

ENTERTAINMENTS.

Wednesday evening, six o'clock. Supper at Penitentiary.

Wednesday evening, nine o'clock. Reception at the Governor's Mansion.

Thursday afternoon, five-thirty. Drive to the Park and Luncheon.

HOTEL RATES.

Madison House—Headquarters—$2.00 to $3.00. American plan.
Monroe Hotel—$2.00 to $2.50. American plan.
Central Hotel—$2.00 to $2.50. American plan.
Elston House—$1.50 per day. American plan.
City Hotel—$1.00 per day. European plan.

PROGRAM.

TUESDAY, MAY FIFTEENTH.

House of Delegates called to order at 10:30 a. m.
Judicial Council called to order at 10:30 a. m.
Roll call and announcement of result.
Reading of minutes of previous meeting.
Reading of President's message and recommendations.
Report of Committee on Medical Education.
Report of Committee on Arrangements.
Report of Committee on Scientific Work.
Report of Commitee on Public Health and Legislation.
Report of Publication Committee.
Report of Treasurer.
Report of Secretary.
Election of Committee on Nomination.

REPORT OF COUNCILLORS.

1st District.....F. B. Miller, Kahoka
2nd District.....J. D. Brummall, Salisbury
3rd District.....E. H. Miller, Liberty
4th District.....C. H. Wallace, St. Joseph
5th District.....L. W. Dallas, Hunnewell
6th District.....Woodson Moss, Columbia
7th District.....W. B. Dorsett, St. Louis
8th District.....F. J. Lutz, St. Louis
9th District.....B. M. Hypes, St. Louis
10th District.....J. J. Norwine, Poplar Bluff
11th District.....W. D. Porterfield, Jr., Cape Girardeau
12th District.....W. S. Allee, Olean
13th District.....R. D. Haire, Clinton
14th District.....M. P. Overholser, Harrisonville
15th District.....A. R. Snyder, Joplin
16th District.....R. L. Johnson, Rolla
17th District.....J. E. Tefft, Springfield
18th District.....H. C. Shuttee, West Plains

MEDICAL SECTION.

SECOND DAY—WEDNESDAY, MAY 16TH.

MORNING SESSION, 9 O'CLOCK.

The Nervous System of the Child in Relation to its Development.
Scott P. Child, Kansas City
Discussion opened by Dr. C. R. Woodson, St. Joseph.
Ovarian Function.....Davis Forster, St. Louis
Discussion opened by R. H. Goodier, Hannibal.
The Use and Abuse of the Obstetrical Forceps...A. L. Gray, St. Joseph
Discussion opened by F. B. Hiller, Kahoka
Typhoid Fever.....E. P. Davis, Woodruff
Discussion opened by E. H. Miller, Liberty.
Illegal Practice of Medicine.....H. F. McGinnis, Higginsville
Discussion opened by H. C. Shuttee, West Plains.
Intestinal Auto-Intoxication.....J. B. Norman, California
Discussion opened by J. E. Thornton Columbia.
The Best Time to Give Quinine.....R. L. Johnson, Rolla
Discussion opened by G. Greenwood, Fredericktown.
Criminal Abortion; A Prevailing Evil Against the Unborn Generation; A National Crime Committed for Mere Social Promotion.
T. F. Lockwood, Butler
Discussion opened by C. H. Chastain, Weston.

MEDICAL SECTION.

SECOND DAY—WEDNESDAY, MAY 16TH

AFTERNOON SESSION, 1:30 P. M.

Malaria.....T. C. Allen, Bernie
Discussion opened by H. G. Wyer, Kirkwod
Broncho-Pneumonia.....F. O. Davis, Maitland
Discussion opened by Woodson Moss, Columbia.
The Present Status of Psychotheraphy. Dora Green-Wilson, Kansas City
Discussion opened by J. D. Brummall, Salisbury.
Cough.....J. C. Buckwalter, St. Louis
Discussion opened by W. E. Abrams, Kansas City.
Infantile Intussusception from the Country Practitioner's Standpoint.
J. D. Brummall, Salisbury
Discussion opened by John Zahorsky, St. Louis.
Mucous Colitis.....F. H. Matthews, Liberty
Discussion opened by O. H. P. Mills, Grant City.
Syphilis of the Nervous System.....C. J. Morrow, Kansas City
Discussion opened by Wm. W. Graves, St. Louis.
Ear-Tire as a Factor in Disease.....E. H. Mussen, Rockingham
Discussion opened by R. Barclay, St. Louis.

SECOND DAY—WEDNESDAY, MAY 16TH.

GENERAL SESSION 7:30 P. M.

ADDRESS OF PRESIDENT.....Dr. D. C. Gore, Marshall
ADDRESS IN MEDICINE.....Dr. W. G. Moore, St. Louis.
ADDRESS IN SURGERY.....Dr. C. H. Wallace, St. Joseph

MEDICAL SECTION.

THIRD DAY—THURSDAY, MAY 17TH.

MORNING SESSION, 9 O'CLOCK.

The White Plague.....H. Jarard, Pleasant Hill
Discussion opened by W. S. Alee, Olean.
Albuminuretica.....C. O. Lewis, Fayette
Discussion opened by Kimball Hill, Eldorado Springs
Arteriosclerosis.....Tinsley Brown, Hamilton
Discussion opened by M. O. Biggs, Bowling Green
The Therapeutics of Eczema.....W. J. Frick, Kansas City
Discussion opened by S. M. Brown, Monroe City .
Missouri Sanatorium for the Treatment of Incipient Tuberculosis, and its Legal Foundation.....W. M. Bayliss, Mt. Vernon
Discussion opened by Wm. Porter, St. Louis.
Treatment of Adenoids by the General Practitioner
W. E. McKinley, Denver
Discussion opened by H. A. Booth, Pacific
Neurasthenia, Traumatic and Idiopathic; Its Pathology and Prognosis.....David S. Booth, St. Louis
Discussion opened by R. D. Ramey, Garden City.
Etiology and Cure of Hysteria.....E. F. Walter, Perry
Discussion opened by A. B. Freeman, Joplin
State Medicine.....C. M. Mitchell, Blythedale
Discussion opened by L. W. Dallas, Hunnewell.

MEDICAL SECTION

THIRD DAY—THURSDAY, MAY 17TH.

AFTERNOON SESSION, 1:30 P. M.

Medical Reformation.....J. S. Triplett, Harrisonville
Discussion opened by C. B. Hardin, Kansas City.
Etiology of Pneumonia .....A. J. Detweiler, Hannibal
Discussion opened by B. H. Zwart, Kansas City.
Histology of Pneumonia.....Frank J. Hall, Kansas City
Discussion opened by M. P. Overholser, Harrisonville.
Diagnosis of Pneumonia.....Robert T. Sloan, Kansas City
Discussion opened by W. E. Fischel, St. Louis.
Treatment of Pneumonia.....W. G. Moore, St. Louis
Discussion opened by E. W. Schauffler, Kansas City.
Gas Bacillus Infection; the Clinical Results of the Development in the Bacillus Aerogenes Capsulatus....Ernest E. Robinson, Kansas City
Discussion opened by J. R. Mudd, St. Charles.
The Importance of the Sigmoid Flexure in the Production of Enteroptosis, Pelvic Displacement and Reflex Phenomena.
J. M. Allen, Liberty
Discussion opened by D. B. Bryant, Savannah
The Treatment of Gastric Ulcer.....Franklin E. Murphy, Kansas City
Discussion opened by G. A. Greeson, Lincoln
Collection of Human Embryos in the Anatomical Laboratory of the University of Missouri.....C. M. Jackson, Columbia
Pericardial Effusion..... .....W. J. Calvert, Columbia

SURGICAL SECTION.

SECOND DAY—WEDNESDAY, MAY 16TH.

MORNING SESSION, 9 O'CLOCK.

Ectopic Pregnancy.....O. B. Campbell, St. Joseph
Discussion opened by J. F. Cherrington, Chillicothe
Epithelioma of the Lip.....J. J. Claussen, Kanas City
Discussion opened by R. E. Schlueter, St. Louis.
Abdominal Injuries.....H. C. Dalton, St. Louis
Discussion opened by W. J. Frick, Kansas City.
Suprapubic Cystotomy as Preliminary to and as a Route for the Performance of a Considerable Number of Prostatectomies.
W. T. Elam, St. Joseph
Discussion opened by Bransford Lewis, St. Louis.
Spina Bifida.....J. D. Seba, Bland
Discussion opened by T. C Boulware, Butler.
Some Remarks on the Treatment of Chronic Joint Disease
M. M. Edmondson, Kansas City
Discussion opened by Phil Hoffman, St. Louis
Surgical Aspects of Typhoid Fever.....C. G. Kirchner, St. Louis
Discussion opened by J. F. Binnie, Kansas City.
Suppuration of the Superior Maxillary Sinus with Involvement of Ethmoidel Cells and Sphenoidel Sinuses.....H. Jurgens, Edina
Discussion opened by H. W. Loeb, St. Louis.

SURGICAL SECTION.

SECOND DAY—WEDNESDAY, MAY 16TH.

AFTERNOON SESSION, 1:30 P. M.

An Unusual Retroperitoneal Tumor in the Mesocolon Simulating a Fibroid of the Uterus.....W. B. Dorsett, St. Louis
Discussion opened by C. G. Geiger, St. Joseph.
Pyuria.....E. G. Mark, Kansas City
Discussion opened by A. R. Snyder, Joplin.
Limitations of Surgical Procedures in Cancer...G. W. Broome, St. Louis
Discussion opened by C. Lester Hall, Kansas City.
The Limitations of Surgical Interference. Ernest von Quast, Kansas City
Discussion opened by H. Talbot, St. Louis.
Some Questions Concerning the Treatment of Uterine Fibromyomata,
H. S. Crossen, St. Louis
Discussion opened by H. C. Crowell, Kansas City.
The Treatment of Retroflexion of the Uterus. A. F. Hertzler, Kansas City
Discussion opened by Robert Funkhouser, St. Louis.
Some Recent Advances in Ophthalmology.....J. M. Ball, St. Louis
Discussion opened by B. E. Fryer, Kansas City.
Rectal Abscesses.....J. M. Frankenburger, Kansas City
Discussion opened by W. H. Stauffer, St. Louis.

SECOND DAY—WEDNESDAY, MAY 16TH.

GENERAL SESSION, 7:30 P. M.

ADDRESS OF PRESIDENT.....Dr. D. C. Gore, Marshall
ADDRESS IN MEDICINE.....Dr. W. G. Moore, St. Louis.
ADDRESS IN SURGERY.....Dr. C. H. Wallace, St. Joseph

SURGICAL SECTION.

THIRD DAY—THURSDAY, MAY 17TH.

MORNING SESSION, 9 O'CLOCK.

Non-Lithogenous Obstruction of the Biliary Ducts,
A. E. Cordier, Kansas City
Discussion opened by H. G. Mudd, St. Louis.
Lessons to be Drawn from Recent Operations on the Stomach,
W. Bartlett, St. Louis
Discussion opened by A. H. Cordier, Kansas City.
Appendicitis.....C. G. Geiger, St. Joseph
Discussion opened by W. H. Farrar, De Soto.
Why Some Appendectomies are Followed by Prolonged Abdominal Pain.....Francis Reder, St. Louis
Discussion opened by C. M. Barbee, Kansas City.
The Country Doctor and Appendicitis.....M. P. Shy, Knobnoster
Disucssion opened by J. J. Norwine, Poplar Bluff.
Surgical Problems in Spinal Trauma.....John C. Morfit, St. Louis
Discussion opened by R. McE. Schauffler, Kansas City.
Tuberculous Disease of the Joint.....T. E. Potter, St. Joseph
Discussion opened by H. Tuholske, St. Louis
The Importance of Post-Operative Treatment in Diseases of the Rectum.....W. H. Stauffer, St. Louis
Discussion opened by E. H. Thrailkill, Kansas City.

SURGICAL SECTION.

THIRD DAY—THURSDAY, MAY 17TH.

AFTERNOON SESSION, 1:30 P. M.

Obstructions of Small Intestines from Chronic Disease, with Report of Cases.....Roland Hill, St. Louis
Discussion opened by Wm. M. West, Monett.
The Relative Value of the Surgical Procedure Employed for the Relief of Paralysis Following Acute Anterior Poliomyelitis,
Nathaniel Allison, St. Louis
Discussion opened by W. C. Overstreet, Sedalia
Surgery of the Liver.....St. Elmo Sanders, Kansas City
Discussion opened by Paul Y. Tupper, St. Louis.
Do We Cure Diffuse General Peritonitis...John Young Brown, St. Louis
Discussion opened by J. N. Jackson, Kansas City.
A Method of Radical Relief of Cases of Deafness Long Abandoned as Hopeless, Illustrated by Report from Actual Practice,
R. Barclay, St. Louis
Discussion opened by Theo. S. Blakesley, Kansas City.
A Method of Operating in Inguinal and Femoral Hernia When Complicated by Abscesses.....Herman E. Pearse, Kansas City
Discussion opened by F. J. Lutz, St. Louis
Ovarian Tumors, and Presentation of Specimen.
J. D. Porterfield, Jr., Cape Girardeau
Discussion opened by F. R. Anthony, Maryville.
Tuberculous Affections of the Rectum....E. H. Thrailkill, Kansas City
Discussion opened by Leon Straus, St. Louis.
Primary Tuberculosis of the Rectum with Report of Cases,
Leon Straus, St. Louis
Discussion opened by C. C. Leeper, Braymer.
The Pathology of Pelvic Inflammation....Thos. J. Beattie, Kansas City
Discussion opened by W. McNabb Miller, Columbia.

COUNTY SOCIETY NOTES.

BATES COUNTY MEDICAL SOCIETY.

Bates County Medical Society met in the Circuit Court room at Butler on April 12th. A symposium on diphtheria was a very interesting feature of this meeting. A general discussion of the papers followed and every member present took part. The consensus of opinion was that larger doses of anti-toxin should be administered. A general discussion of the subject of tuberculosis was taken up and great interest was manifested by the members.

The society decided that quarterly meetings were too infrequent to maintain active interest and therefore voted to meet at Butler on May 10th at 2 p. m. After the adjournment, the members were invited to participate in a dinner prepared by the local members.

E. N. Chastain, M. D.
Reporter.

CALDWELL COUNTY MEDICAL SOCIETY.

The Caldwell County Medical Society met in regular session at Cowgill, April 4th, Dr. R. K. Dodge, president, in the chair. Present, Drs. Dodge, C. C. Leeper, G. S. Dowell, H. A. Schroeder, B. F. Carr, G. B. Cowley, W. T. Lindley and Tinsley Brown. Dr. G. W. Grove of Kansas City was present as a visitor. The subject of the early recognition of Pulmonary Tuberculosis was presented by Dr. Grove and discussed by the members of the society. Dr. G. B. Cowley read a paper entitled "Some Uses of Calomel." This was liberally discussed by the members. One new member was admitted.

The next meeting will be held at Kidder, July 11th.

Tinsley Brown, M. D.,
Reporter.

CAMDEN COUNTY MEDICAL SOCIETY.

The Camden County Medical Society was called to order at the office of the president, Dr. Geo. M. Moore at 7:30 p. m., Tuesday, February 20, 1906. In the absence of the secretary, Dr. G. A. Moulder was made temporary secretary. Dr. E. G. Claiborne, of Decaturville, presented two clinical cases. First case, a boy of about 16 years who for about 15 months had a running sore just above the hip joint of the left leg; also a sore, recently healed, on right thigh just below joint. Not much pain, occasionally slight fever. Diagnosis, tuberculosis. Treatment advised: Thoroughly open up and currete out all dead or diseased bone and put on good constitutional treatment. Second case. A man of about 30 years—married—family history, not good. About six months previously his right knee began to pain him. No effusion in joint at first, but some present now. Just over head of tibia slight tenderness on pressure. Diagnosis, tuberculosis. Treatment, constitutional and locally, counter irritants, etc.

Dr. Dellabar, of St. Louis, made

a short talk on the treatment of typhoid fever, and malarial complications.

Present: Drs. Sherman Mills, of Macks Creek, J. S. Ford, G. A. Moulder, Geo. M. Moore, W. J. Clark, of Linn Creek, E. G. Claiborne, of Decaturville. Dr. Dellabar, formerly of Stoutland, but at present of St. Louis, was in attendance and gave a lengthy talk on a new method of his own for the treatment of tuberculous diseases. Dr. J. W. Palmer, of Climax Springs, was proposed for membership to be finally passed on at the regular meeting at Macks Creek.

The following paid their dues: Drs. Moore, Moulder, Clark and Ford of Linn Creek, Dr. Mills, Macks Creek, Dr. Claiborne, of Decaturville and Dr J. W. Palmer, of Climax Springs. Adjourned to meet at Macks Creek the second Monday evening of April.

G. A. Moulder, M. D.
Secretary Pro tem.

CARTER-SHANNON COUNTY MEDICAL SOCIETY.

The Carter-Shannon Medical Society held its regular meeting at Winona, Wednesday evening, April 4th. In the unavoidable absence of President Dr. Frank Hyde, Vice-President Dr. T. W. Cotton took the

While all the members of the society were not present, the attendance was fairly good, and the meeting was full of interest.

Among the papers read was one by Dr. Wm. Fulton entitled, "Broncho-Pneumonia." The paper was an able one, dealt largely with the pathology of the disease, including many other interesting points, one of which was that too much emphasis should not be attached to the drug part of its treatment.

A paper on "Muscular Rheumatism," by Dr. J. A. Chilton was read and discussed, the discussion finally including rheumatism in its other forms, eliciting many important points both regarding the etiology and treatment of the disease.

A paper by Atty. J. W. Chilton on "The Relation of the Medical and Legal Professions" was read, dealing with the more important points where the two great professions come together. The subject was ably handled, and was discussed with a great deal of interest by those who listened to it.

All told the meeting was a very successful and interesting one. The next meeting will be held at Birchtree.

J. A. Chilton, M. D.
Reporter.

CLINTON COUNTY MEDICAL SOCIETY.

The Clinton County Medical Society met in Plattsburg, April 3rd, with a fair attendance of the members, and was called to order by the president. The minutes of the last meeting were read and approved.

Dr. R. W. Rea reported a case of lupus which had resisted various treatment for fourteen years and under his care healed kindly by

x-ray treatment without any scar formation, notwithstanding poor health of the patient.

The board of censors passed on the application of Dr. J. A. Franklin, of Cameron, and he was voted a member of this society.

A special committee consisting of Drs. R. W. Rea and P. M. Steckman to prepare resolutions representing the position of this society concerning nostrums and shop preparations, made the following report:

"Whereas the Medical Associations, both National and State, are making an effort to bring the formula of all medicines in the market nostrum business before the public for the purpose of educating the people and profession as to the many injurious effects thereof;

"Resolved, That the Clinton County Medical Society recognize that our medical hope is in legislation and that we desire to be on record as being in thorough accord with all legal moves to elevate the profession and denounce as being unethical the glowing endorsements that many physicians are giving the nostrum business." This report was accepted and the committee discharged.

Other members on the program being absent, the society adjourned to meet in Plattsburg, May 1st.

E. A. Colley, M. D.
Secretary.

COOPER COUNTY MEDICAL SOCIETY.

The Cooper County Medical Society met in regular monthly session, April 3, 1906, at the W. O. W. hall, Dr. F. R. Smiley presiding. Members present, Drs. F. R. Smiley, R. L. Evans, W. H. Cooper, A. J. Smith, P. L. Hurt, C. H. Van Ravenswaay, A. E. Monroe, G. A. Russell, W. A. Reynolds and J. R. Lionberger.

There being no papers prepared the society took up the discussion of clinical cases presented by the members. It has been found that this encouraged a freer discussion than a paper would afford.

Clinical cases were reported by the majority of the members present, all taking part in the discussion. The subject of quinine in pneumonia was also brought before the society. None of the members had had any experience in the treatment of pneumonia by giving such enormous doses of quinine as has been suggested by several writers in recent literature.

Dr. H. V. Cordry, physician to the Missouri Training School at Boonville, was found eligible and upon the unanimous vote was elected to membership. The name of Dr. R. E. Fogle, of Clifton City, Cooper County, was presented for membership.

There being no further business the society adjourned to meet Tuesday, May 8, 1906.

John R. Lionberger, M. D.,
Secretary.

HOLT COUNTY MEDICAL SOCIETY.

The second quarterly meeting of the Holt County Medical Society was held in the parlors of the Glad-

stone hotel, at Mound City, on the 12th inst. All the officers were present and the attendance large, nearly every town in the county being represented.

The scientific part of the program consisted of a paper by Dr. Williams on "A Study of the Eighth Decennial Revision of the U. S. P., with Conclusions," a paper by Dr. Chandler on "Toothache from the Standpoint of a General Practitioner—or as it Concerns the General Practitioner," and a paper by Dr. J. W. Miller entitled "Educate the Laity." The executive committee was instructed to prepare a program for a special meeting and banquet for the members, their wives and their friends, to be held at Big Lake, some time in September or October.

Next meeting to be at Forest City, July 12,1906.

J. F. Chandler, M. D. Reporter.

HOWARD COUNTY MEDICAL SOCIETY.

Howard County Medical Society met in Fayette on April 6th, at the office of the secretary, the president, Dr. Bonhan, in the chair. There were present Drs. N. E. Smith, Bonhan, Watts, Lewis and Champion. Minutes of the previous meeting were read and approved. Communications were read from Drs. W. A. Norris, W. E. Williams and E. Lowry. These communications were considered and as a result Howard County Medical Society voted to hold a joint meeting with Cooper and Boone County Medical Societies on May 4th, the time and place of meeting to be decided upon later. A splendid program will be arranged for this meeting, and Drs. Wright, Burgin and Smith were requested to read papers at that meeting.

The name of Dr. C. F. Drake, of Boonsboro was presented for membership and reported upon favorably by the committee. He was duly elected a member of the society.

C. W. Watts, M. D.,
Reporter.

JEFFERSON COUNTY MEDICAL SOCIETY.

Meeting of February 27th.

Jefferson County Medical Society met in regular session at Festus, February 27th. The president, Dr. W. H. Farrar, being absent, the Vice-President, Dr. J. W. Pickel, presided. Dr. J. E. Rutledge acted as secretary in the absence of Dr. H. W. Elders, the regular secretary.

After reading and approval of the minutes of previous meeting the following officers were elected for 1906: President, Dr. J. W. Pickel, Crystal City; vice-president, W. E. Gibson, De Soto; secretary and treasurer, C. G. Harris, Festus; board of censors as it stands, C. G. Harris, one year, H. W. Elders, two years, W. H. Farrar, three years; delegate, A. H. Hamel. Motion was made to make the regular meetings the fourth Tuesday of the month of January, April, July and October which was not passed upon but recommended to be further considered at the following meeting to be held in De Soto, March 27th.

Meeting of March 27th.

Meeting was called to order by the

president, Dr. J. W. Pickel. Minutes of the previous meeting were read and approved. The report of H. W. Elder, secretary, for year ending March 27, 1906 was read and received. Motion to change regular meetings to fourth Tuesday in January, April, July and October, was carried. Dr. W. H. Farrar was elected as alternate delegate to the State meeting. Dr. W. H. Farrar presented a case with interesting features; amputation lower third of leg (tibia and fibula) in man who through injury to foot has walked for 12 years on peg leg, weight being on knee. The bone being a very thin shell-like structure and large medullary space,there was considerable oozing and drainage had to be kept up for five or six days. Otherwise, the result up to this time (six or seven days) was all that could be hoped for, no infection, no temperature, and patient in every way comfortable.

Dr. A. H. Hamel presented a case of appendicitis. When first seen there was general peritonitis. Belly was opened in the appendiceal region and pus in large quantities evacuated. Counter opening on left side was made from which pus was withdrawn, but not so abundant. Now after 17 days, pus is brought away with daily irrigation of salt solution. Temperature now 99 1-2, pulse 100, condition in every way favorable. The patient, a boy of 17, was a very enthusiastic athlete, and attended roller skating rink daily. Was supposed (though no definite history could be elicited) to have traumatic appendicitis with rupture and general infection of the peritoneum.

Adjourned to meet in Festus on the fourth Tuesday in April at 1 o'clock p. m.

C. G. Harris, M. D.
Secretary.

LIVINGSTON COUNTY MEDICAL SOCIETY.

The Livingston County Medical Society met in regular session in the Circuit Court room in Chillicothe on April 11th at 2 p. m., Dr. L. E. Tracey, presiding.

Two clinical cases were presented by Dr. W. L. White and ably discussed by Dr. Witherspoon and others.

"Treatment of Compound Fractures," was the subject of an excellent paper by Dr. T. C. Witherspoon, of St. Louis; discussion by Drs. Barney, Stevens, Grace, Carver, Gordon, Tracey and others. "Tumors of the Uterus and its Appendages," was ably presented by Dr. H. N. Carver, of Chillicothe "Pleurisy and Pleuritic Effusions; their Etiology, Pathology, Symptoms and Treatment" by Dr. B. N. Stevens, was the next interesting instructive paper which was well received and highly complimented.

A night session was held in the Henrietta Hotel parlors where we had the pleasure of listening to an excellent paper on "Glaucoma," by Dr. Flavel B. Tiffany, of Kansas City, he illustrating the subject with the stereopticon. At this session papers were also read by Dr. R. H. Cabell on "Elements of Disease," and Dr. J. F. Cherrington on "High Frequency Currents and High Vacuum Tubes."

A vote of thanks was tendered to Drs. Tiffany and Witherspoon for their presence and for the instructive papers and talks, and a cordial invitation was extended to them to meet with us again soon.

J. F. Cherrington, M. D.
Reporter.

NEWTON COUNTY MEDICAL SOCIETY.

Newton County Medical Society met at Neosho, April 10th, the president, Dr. R. L. Wills in the chair. Minutes of the last meeting were read and approved.

Puerperal eclampsia was the subject for a general discussion by the members in which all present participated.

Dr. Maas read a paper on muscular rheumatism which was favorably commented upon and discussed at length.

Dr. P. C. Yates read an excellent paper and interesting cases were reported by other members.

A program was arranged for the next meeting which will be held on the second Tuesday in May.

Horace Bowers, M. D.
Secretary.

NOWADAY COUNTY MEDICAL SOCIETY.

Nowaday County Medical Society met in regular session at Maryville on April 10th. The following members were present: F. R. Anthony, G. A. Nash, L. E. Dean, J. A. Larrabee, M. M. Pollard, A. D. Barnett, E. L. Crowson, C. F. Howell, K. C. Cummins, J. H. Tood. J. W. Dean, A. B. Allen, L. E. Dean; visitor, Dr. Jacob Gieger, of St. Joseph.

Minutes of previous meeting were read and approved. Motion read by Dr. F. R. Anthony to amend Chapter III, section 1 of the by-laws to read as follows: The officers of the society shall be elected at the January meeting of each year, which shall be known as the annual business meeting. The amendment was referred to the table according to the constituiton governing the same.

The society proceeded to elect the following officers: President, F. R. Anthony; vice-president, J. W. Dean; secretary, H. L. Saylor; treasurer, J. A. Larrabee; delegate, E. L. Crowson.

The president invited Dr. Jacob Gieger of St. Joseph to address the society, and his remarks upon the benefits of medical societies were listened to with interest.

The scientific program was as follows: Gastric Ulcer, by Dr. W. M Wallis; Report of Case of Ectopic Pregnancy with Rupture of Sac and Presentation of Specimen.

F. R. Anthony, M. D.,
Secretary.

PEMISCOT COUNTY MEDICAL SOCIETY.

The regular meeting of Pemiscot County Medical Society convened April 16, at Caruthersville. Meeting called to order at 2:30 p. m. by Dr. J. B. Luten, president. Dr. P. L. Tipton acted as secretary, Dr. Johnson being absent. Minutes of last meeting were read and approved.

Dr. M. H. Hudgens reported a very interesting case of burn. Discussed by Drs. Conrad and Tipton.

Dues were paid by the following members: Drs. Crowe, Conrad, Martin, Hudgens, Luten, Granger, Tipton and Johnson. Application of Dr. G. A. Granger, of Steele, was presented and in due time accepted. Dr. Conrad volunteered to read a paper at next meeting, which was voted to be held at Steele, on the 8th of May next.

P. L. TIPTON, M. D.,
Secretary Protem.

STE. GENEVIEVE COUNTY MEDICAL SOCIETY.

The Ste. Genevieve County Medical Society held its regular monthly meeting on April 11th, 1906, vice-president Hinch in the chair. Members present: Drs. Hinch, Morgansteen, Hertich, Jarvis, Lanning and Rutledge. Visitor, Dr. Jas. O'Ready. Minutes of last meeting were read and approved. Dr. Rutledge offered the following resolution:

"Resolved. That hereafter the members of the Ste. Genevieve County Medical Society make no examinations for life insurance companies for less than $5.00," which was unanimously adopted.

Dr. J. M. Shirley, of St. Mary was elected to membership by a unanimous vote.

No further business appearing, the society adjourned until the 2nd Wednesday in May, 8:30 a. m.

R. W. LANNING, M. D.,
Secretary

ST. LOUIS MEDICAL SOCIETY.

MEETING OF MARCH 24TH, 1906.

The society met in regular session at 8 o'clock p. m. in Medical Library Building, 3525 Pine Street, the president, Dr. Geo. Homan in the chair.

After reading of minutes of previous meeting and transaction of regular routine business, the committee on Public Health and Legislation reported that during the past week they had collected $500 to be used in prosecution of illegal practictioners, also that during the coming week action would be taken against eight midwives.

The scientific program was a symposium on "The Neurological Aspect of Head Injuries." Introductory remarks on the scope and importance of the subject, by F. R. Fry; Indications for Immediate Operation from the Neurological Point of View, by Dr. M. A. Bliss; Relation of Late Epilepsy to Head Injuries, by Dr. S. I. Schwab; Head Injuries and the Problem of Localization, by Dr. W. W. Graves; Head Trauma and Psychoses, especially Dementia Paralytica, by Dr. G. Campbell; Discussion by Drs. Carson, Bartlett, Kirchner, Ehrenfest, Kail, Bles, Green, Fleming and Outen. Attendance 86.

MEETING OF MARCH 31ST.

The building committee reported the progress of the new auditorium; while the labor trouble has delayed it to some extent, still it is well under way and the raising of money to pay for same is progressing nicely. The executive committee made their regular monthly report, and outlined the scientific work for the month of April, which should prove very interesting and instructive. The committee on elections rec-

ommends the following named physicians, who were elected to membership: William L. Clapper, 5004 Delmar avenue; H. W. Dickerson, 536 N. Taylor avenue; C. G. W. Jungk, 536 N. Taylor avenue; C. L. Munson, 622 Hickory street; Albert H. Myerdick 536 N. Taylor avenue; Thomas J. Nalley, 351 N. Grand avenue; Jerome D. Potts, Lister Building; Alfred R. Rowe, 536 N. Taylor avenue; Eugene A. Scharff, Frisco building; Jacob J. Singer Female Hospital.

The committee on public health and legislation reported an additional sum of money collected to be used in the prosecution of quacks, and stated that they expected to make the fund $1,000 within the next two weeks. Charges have been filed by the society's attorney, I. V. Barth against Mary Ann Murphy, 2018 Olive street; Anne Newland, 2321 Olive street; Matilda Meyers, 112 S. 14th street and Dr. A. F. Peeler, 2912 Washington avenue. They have been subpoenaed to appear before the state board of health, April 10th, and show cause why their licenses should not be revoked. Many other cases will soon follow. The right of the state board of health to revoke the license of a physician or midwife, upon conviction of unprofessional conduct, has been sustained in a recent decision by the Missouri supreme court.

Dr. Victor A. Bles read a paper entitled " Gastric Neuroses." Discussion by Drs. Myer, Grindon and Shattinger.

Dr. F. J. Lutz read a paper entitled "A Plea for the Early Establishment of Collateral Circulation in Hepatic Cirrhosis. The doctor illustrated his paper by showing a patient upon whom he had operated a short time ago. While the operation is a comparatively new one, and its value not definitely established, the results have been very encouraging, from 30 to 40 per cent being cured; the idea is, to establish a connection between the portal and systemic circulation and thus relieve the liver. This is done by attaching the omentum to the abdominal wall Discussion by Drs. Carson, Nicholson, Tuholske, Myer and Grindon.

Average attendance for March 80.

MEETING OF APRIL 7TH.

The committee on election reported favorably on the application of Dr. W. E. Klokke, of 1316 Mississippi avenue and he was elected to membership.

Two papers on tuberculosis were read; one by Dr. J. H. Tanquary, "Tubercular Arthritis;" the other by Dr. Wm. Porter, "Some Phenomena of Tuberculosis Infection." These papers were discussed by Drs. Booth, Lemen, Behrens, Kirchner and Fleming.

Dr. Ernest Jonas, read his paper which had been deferred from meeting of March 31st, and presented specimens. Discussion by Dr. Strauss, Stauffer and Deutsch.

Dr. Joseph Grindon reported a case of "Epithelioma Adenoides Cysticum."

Dr. A. C. Snodgras, city health commissioner, one of the most active and valued members of our society, died at the City Hospital, April 6th, after a week's illness, of pneumonia. The doctor was to have read a paper on pneumonia at the coming

meeting of the Missouri State Medical Association. Again we are reminded of that old saying: "Physicians die of the disease which they have studied most." A committee was appointed to arrange for holding memorial services. A number of the members of the society were appointed as honorary pall-bearers. The funeral was held at the Church of the Messiah, Sunday, April 8th at 2 o'clock after which the body was cremated.

Meeting of April 14th.

There was but one paper read at this meeting, "Classification of the Causative Factors of Railway and Allied Injuries, based upon the Kinesic States assumed by the Injured Individual," by Dr. W. B Outten. The paper called forth a very interesting discussion.

Special Meeting of April 15th.

Exercises in memory of Dr. C. A. Snodgras, were held in the society's hall, 3525 Pine street at 4 o'clock p. m., Dr. Geo. Homan, president of the society presiding. The invocation and benediction were pronounced by Rev. J. W. Day, pastor of the church of the Messiah. Short addresses were delivered by Dr. Geo. Homan, Mayor Rolla Wells, Dr. W. G. Moore, Atty. H. T. Kent, president of the Civic League; Dr. W. J. Miller, president of the Eclectic Medical Society and John H. Matthews. At the close of the addresses a memorial to Dr. Snodgras, prepared by a committee composed of Dr. R. Luedeking, Dr. J. Y. Brown, Dr. O. H. Elbrecht, Dr. W. G. Moore and Dr. L. H. Behrens, was read and adopted.

Another memorial was read by Dr. F. J. Taussig, on behalf of the Medical Alumni Association, of Washington University, which was also adopted.

I. E. Graham, M. D.,
Reporter.

ST. LOUIS COUNTY MEDICAL SOCIETY.

The regular meeting for March was held on the 14th at Clayton, with President Howard Carter in the chair. The society proceeded to ballot on change of meeting place with the following result: Kirkwood, eight votes, Maplewood one vote. Dr. Wyer, chairman of committee having the matter in charge announced that the meeting place in Kirkwood would be in the Civic Improvement League rooms, corner of Main and Webster.

Dr. Wyer finished reading his paper entitled

ACUTE LOBAR PNEUMONIA.

There is no attempt in this paper to give a systematic account of the whole subject, but only certain phases which have particularly interested the writer are discussed under four main heads: (I) What has been added to our knowledge of the etiology of the disease through the studies on the pneumococcus carried on under the direction of the medical commission for the investigation of Acute Respiratory Diseases of the Department of Health of the City of New York; (II) The irregularity of obscurity of symptoms in children, with reports drawn from a series of personal cases during the present winter; (III) Prognosis, in general and in infants and children;

(IV) Some consideration of treatment.

Some of the most important and striking facts brought out in the investigation of the New York Commission are: (I) During the winter months a large percentage of healthy throats harbor typical pneumococci; there are also a typical strain existing in a larger percentage of healthy persons' throat secretions than of those suffering from pneumonia. (II) By repeated inoculations into sheep the sheeps' serum acquires a certain protective power for mice against the homologous strain of pneumococci, and against certain other strains. (The failure of anti-pneumococcus serum is due, at least in a large measure, to the large number of strains of the infecting organism, and the impossibility of ascertaining which variety is causing the toxaemia, and of obtaining sera antagonistic to all the different varieties). (III) Coincident with the production of protective power, a slight specific increase of the sheep's serum in phagocytic power (in vitro) with strains of pneumococci. (IIII) The vitality of the pneumococcus in moist sputum is of considerable duration, being somewhat less than two weeks if the sputum is not exposed to direct sunlight. Under ordinary conditions the bacteria are not given off from the moist sputum, but if it is dried the masses may remain virulent for a long time, and when powdered may be scattered over the floor, walls and bedding. In powdered sputum the bacteria die off rapidly; exposed to sunlight or diffuse daylight they may perish within an hour.

Characteristics of pneumonia in childhood. "Onset: Initial chill almost invariably absent in infants, and uncommon in young children. Temperature rises suddenly, often accompanied by vomiting. Convulsions in the early stage, contrary to many text-books, very unusual, Morse, of Boston, in a study of 118 cases in infants finding but a single one. Pain in common but difficult to judge its locality in infants and young children; often appear to be abdominal, and is greatly aggravated by pressure over abdomen. Cough always present, but in early stages often so slight as to be disregarded. Gastro-Intestinal disturbances are exceedingly common. Vomiting at outset, little appetite. Later intestinal distention is often a persistent, most distressing and troublesome symptom; if followed by diarrhœa is of grave significance. (In the writer's series of 11 cases the only fatal case showed marked distinction from the fourth day and was followed by diarrhoea toward the end).

Physicial signs in infants may be very obscure; an early sign is diminution in the respiratory sound over a circumscribed area of the chest, with crepitation on deep breathing. Heightened pitch of expiratory sound is a valuable sign, but hard to detect if child is crying; they, however, the cry seems nearer the ear over the affected area. Unless the back of the chest near the spine, be thoroughly examined, the signs may be overlooked. In infants and young children where no typical signs are found it is most important to watch the character and the *rate*

of respiration.

Reports of illustrated cases followed.

Prognosis at all ages: No more valuable conclusion can be drawn at present than Wells, of Chicago, has presented, finding in a study of over 600,000 cases a mortality of about 20 per cent. In infants, the mortality, according to the studies of Morse, referred to above, is much higher than is generally supposed, being in hospital cases, in the neighborhood of ten per cent. Holt, however, thinks this figure too high.

The fact that pneumonia is a self limited disease, and that from sixty to eighty per cent. at all ages get well without any treatment, has led to a great deal of hasty judgment as to the efficiency of certain lines of treatment. The further fact that mortality has been little if at all reduced in the past 40 years, suggests that no method of treatment heretofore pursued has any direct influence upon the disease; we are accustomed therefore, to "treat the patient, and not the disease." It is the belief of the writer, however that upon a better understanding not only of the etiology, but also of the real nature of pneumonia, advance in methods of treatment will be made. He wishes also to express a conviction that the stimulation of the heart, in these cases, has often been begun too early, especially in children, to the distinct detriment of the patient. The importance of keeping the digestive tract in the best condition, keeping the bowels open, and fermentative distention combatted, in some cases by calomel, in others by high enemata of plain water, salt solution, or in obstinate cases, of a solution of alum, 1 dram to the quart, must not be overlooked. External applications in the form of clay mixtures are not recommended, especially in infants, on account of the extra work thrown upon the respiratory muscles, in lifting this additional weight.

On theoretical grounds any agent that increases the leucocytes, and their phagocytic power should be of great value; the writer has in all but one of eleven cases from the time a diagnosis could be made, used nuclein in two grain capsules every three to six hours; unfortunately, no blood counts could well be made to watch this action of the drug. In some cases of high and irregular temperature, with great weakness, the inunction of ungt. Crede was of undoubted benefit in reducing the temperature and improving the general condition.

Discussion of the paper was then taken up and interesting remarks made and experiences mentioned by Drs. Guibor, Reynolds, Townsend, Randle, Moore and Carter. Drs. Dunnovant, Brossard and Armstrong were also present.

The next meeting will be held in Kirkwood.

R. D. Moore, M. D.,
Reporter.

BOOK REVIEWS.

A Treatise on Disease of the Anus Rectum, and Pelvic Colon, by James P. Tuttle, A. M., M. D. Professor of Rectal Surgery in the New York Polyclinic Medical School and Hospital, Visiting Surgeon to the Almshouse and Workhouse Hospitals. With eight colored plates and three hundred and thirty-eight illustrations in the text. Second edition, revised. New York and London. D. Appleton and Company, 1905.

Three imprints of the work having been exhausted it was thought advisable by the publishers to issue a second edition. Not much advance having been made, a radical revision was not necessary. The sections on Anæsthesia in Rectal Diseases and Dysenteric Proctitis have been entirely rewritten. Numerous practical points from the author's own personal experience have been added. The book has been wirtten during ar. active practice so that every opinion expressed in the volume has been put to the practical test.

Diseases of the Nervous System, resulting from Accident and Injury. By Pearce Bailey, A. M., M. D. Clinical Lecturer in Neurology, Columbia University, New York City; Consulting Neurologist to the Roosevelt, St. Luke's and Manhattan State Hospitals, etc. New York and London. D. Appleton and Company, 1906.

The revision of the first edition which was printed in 1898 required a recasting of the entire book, therefore the present volume is printed from new plates. In addition to the scope of the book has been extended so that it should win a place for itself as a treatise on all traumatic affections of the nervous system. This volume is written from the neurologist's standpoint. Those subjects most fully described in text-books on surgery are dismissed with briefest mention. The late effects of brain injuries, receive more notice than the acute. A number of new illustrations have been added and many old ones have been displaced by new. This book is of the greatest interest, not only to the surgeon and neurologist but to the general practitioner's.

A Treatise on Surgery by George Ryerson Fowler, M. D., Examiner in Surgery, Board of Medical Examiners of the Regents of the University of the State of New York; Emeritus Professor of Surgery in the New York Polyclinic; Surgeon to the Methodist Episcopal Hospital; Surgeon-in-chief to the Brooklyn Hospital; Surgeon to the German Hospital. Containing 888 Text-Illustrations and Four Colored Plates, all Original. Volume 1. Philadelphia and London. W. B. Saunders & Company, 1906.

Of the many recent works on surgery none are more complete and up to date then the work of this writer. The author has brought together the most recent and improved methods of surgical practice arranged in such a manner as to be readily available to both student and practitioner. A departure has been taken from the

arrangement usually followed in the grouping of subjects. The study of inflammation is based on the tissue changes that follow the infliction of wounds. Surgical bacteriology is studied in connection with the etiology of inflammation. The section on Laboratory Aids in Surgical Diagnosis and Prognosis with special reference to hematology, urinology, etc., is of special interest. The anatomic method has been used describing the injuries and diseases in each region successively. The book is well illustrated and unique in this that every illustration is original. A work such as this will be greatly appreciated by the profession.

The Medical Diseases of Infancy and Childhood. With Points on the Anatomy Physiology, and Hygiene Peculiar to the Developing Period; by Alfred Cleveland Cotton, A. M., M. D. Professor of Pædiatrics Rush Medical College, University of Chicago; Attending Physician for Diseases of Children Presbyterian Hospital; Consultant to the Central Free Dispensary, etc., etc. Formery Physician-in-charge of the Chicago Isolation Hospital and of the Infectious Disease Wards of the County Hospital. Member of the Twelfth International Medical Congress, Moscow. Honorary Member of the Societe d'Hygiene, Paris, etc. Philadelphia and London. J. B. Lippincott Company, 1906. $3.50.

This volume affords the fundamental principles for the study of clinical pædiatrics and much space is given to the anatomy and physiology with reference to the developing period. This work is concise and wholly confined to the practical phase of the subject. The deductions are largely drawn from the author's personal experiences. The vital subject of Infant Feeding is thoroughly discussed in the hope of stimulating a genuine interest rather than a blind following of dogmatic formulæ. The work is well illustrated. This volume is a valuable addition to the subject of pædiatrics

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The Examination of the Function of the Intestines, by means of The Test-Diet. Its Application in Medical Practice and its Diagnosis and Therapeutic Value; by Prof. Dr. Adolf Schmidt, Physician-in-chief of the City Hospital, Friedrichstadt in Dresden. Authorized Translation from the Latest German Edition, by Charles D. Aaron, M. D., Professor of Diseases of the Stomach and Intestines in the Detroit Post-Graduate School of Medicine; Clinical Professor of Gastro-Enterology in the Detroit College of Medicine; Consulting Gastro-Enterologist to Harper Hospital, Etc. Philadelphia. F. A. Davis Company, 1906.

This book owes its origin to a series of lectures delivered in 1903 being the result of eight years of investigation and observation. The desire to obtain an examination for the function of the intestines that could be carried into practice to advance the diagnosis and therapeutics of the diffuse intestinal disease is the prime object of the author. This little volume will be of great service to the practitioner.